



MEMBERSHIP APPLICATION FORM

The Youngstown Area Grocers Association (YAGA) was formed in 1899 to facilitate the exchange of knowledge and results of experience among persons in the field of retail grocery food sales and/or management in the Youngstown and surrounding areas.

Membership is open to any retailer, wholesaler, or distributor engaged in the retail distribution of food and grocery products.

Date _____

Referred By (if applicable) _____

Please contact Kristin Mullins, YAGA Administrator at kristin@ohiogrocers.org or (614) 442-5511 ext 7110, with any questions.

Contact Name _____

Title _____

Company (Corporate) _____

Store Name _____

Business Address _____

City/State/Zip _____

County _____

Business Phone () _____ FAX () _____

Cell Phone () _____ E-mail _____

Website _____

Number of Stores/Facilities _____

If you have more than one location, please attach a separate sheet listing the contact, address and phone number of each location. In addition, please indicate whether you would like to receive mailings at these locations as well.

MEMBERSHIP DUES: \$100.00

Dues are paid annually and due at the beginning of each new year.

Please send completed application to:
Youngstown Area Grocers Association
1335 Dublin Road, Suite 30A
Columbus, OH 43215
or Fax to: (614) 441-4292

Please Bill Me Check Enclosed

Charge Credit Card Visa MasterCard AMEX

Account Number _____

Exp. Date _____

Security Code (back of card) _____

Cardholder Signature _____

Date _____