



ARMENIAN JEWELLERS ASSOCIATION OF ONTARIO

2020 Membership Form

Full Name:

Company Name:

Address:

Address(City/Postal Code):

Business Telephone: Mobile Telephone:

Fax: E-mail:

Website:

Years in business:..... Manufacturer Wholesaler Retailer Service/Other.....

Are you interested in sitting on the AJA Ontario board for 2020 or 2021? Yes No

In order to keep the AJA running we request a small donation to keep the services provided active.

Donation Amount \$100 \$250 \$500 Other \$ _____

Method of payment Cash Chequecheque payable to: **Armenian Jewellers Association of Ontario**

Signature: Date: