



PO Box 1443, Decatur, GA 30030

Associate Membership Application

- Annual Dues: \$250.00 (January 1—December 31 yearly)
- Please make checks payable to: G.A.M.M.A
- Mail check and application to: P.O. Box 1443
Decatur, Georgia, 30030

Please check one:

- I am a new member
 I am returning from last year
 I am returning from a previous year
 Other _____

How did you hear about G.A.M.M.A?:

TODAY'S DATE: _____

NAME: _____ JOB TITLE: _____

EMPLOYER: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ EXT: _____

BUSINESS FAX: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

HOME EMAIL ADDRESS: _____

SIGNATURE: _____