



## Membership Application

- Annual Dues: \$100.00 (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

PO Box 1443, Decatur, GA 30030

If dues are received before December 31st, then pay only \$75.00

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: \_\_\_\_\_

PLEASE LIST THE PHYSICIAN(S) IN YOUR PRACTICE:

\_\_\_\_\_

\_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

BUSINESS FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

HOME EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_