

Georgia Gerontology Society
MEMBERSHIP
APPLICATION FORM



Make check payable to Georgia Gerontology Society and mail with this application to:

GGS
PO Box 7905
Atlanta, GA 30357

Name: _____ Renewal? ___yes ___no

Place of Employment: _____

Position/Title: _____

Your Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____ Home Phone: _____

Email address: _____@_____

My membership was recruited by: _____ Phone: _____

Membership Categories: Check One Category Fee:

General Membership: Interest in Gerontology/Aging \$50.00

Student Membership: Full or Part-time student \$15.00

Name of School: _____

Degree pursuing: _____

Retired Membership: Person not working full time \$15.00

Organizational Membership: \$150.00

(Organization is a member and unlimited employees may attend the Annual Conference at member rate, 1 contact and 1 vote per organization.)

Donating to GGS:

I wish to donate to the Senior Citizen Advocacy Project.

Amount: \$ _____

I wish like to support the GGS Scholarship Fund. Amount \$ _____

Participation Options:

Please check here if you would like to receive the GGS email blasts.

Please check here if you would like to participate in advocacy alerts.

(Our advocacy/policy committee will contact you when important aging issues need support throughout the state.)