



**MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

First and Last Name:

E-mail Address:

Phone Number:

Current address:

City:

State:

ZIP Code:

**AGENCY INFORMATION**

Agency:

Position:

Agency Address:

City:

State:

ZIP Code:

Membership Dues are \$25/year  
*Annual memberships expire on December 31 of each year*

Please e-mail completed membership applications to: [gawps911@gmail.com](mailto:gawps911@gmail.com)

Please send membership dues by check:  
PO Box 182  
Bishop, Georgia 30621