

PSCASN Agency Membership Application

Agency: _____

Agency Address: _____

Agency City, State, Zip: _____

Agency Phone: _____

Agency Website Address: _____

Agency CEO: _____

Accreditation Manager (If Any):

Accreditation Contact: _____

Contact Email: _____

Instructions:

Please complete this membership application, and you will be invoiced for \$50 per agency / per year. Your agency / members will have access to a wide variety of services and membership privileges.

Mail or email completed application to:

Marta Sorchik
C/O Cobb County 911
140 N. Marietta Pkwy
Marietta, GA 30060
marta.sorchik@cobbcounty.org