



APPLICATION FOR MEMBERSHIP

Please enroll me as a member. Enclosed is my annual GJA payment of \$15.00. Memberships are renewable June 1st of each year.

Date _____

Name: _____ **Rank** _____

Telephone (_____) _____ **Agency** _____

Mailing Address

City _____ **State** _____ **Zip** _____

E-Mail Address _____ **Fax number**

Amount enclosed _____

Sponsor's Name / Who introduced you to GJA? _____

Mail to:

GJA
P O Box 492553
Lawrenceville, GA 30049