

GASSP MEMBERSHIP

NAME _____

SCHOOL- _____

ADDRESS _____

CITY _____, Ga.. _____ ZIP _____

POSITION _____ PHONE _____ FAX _____
 Email _____

RENEW _____ NEW MEMBER _____

GASSP.....\$100.00.....\$ _____

GASSP(Retired).....\$50.00..... \$ _____

GAEL.....\$125.00.....\$ _____

TOTAL REMITTED..... \$ _____

Please mail to:
 Melton Callahan
 Executive Director, GASSP
 PO Box 2202
 Blairsville, Ga. 30514

Credit Card Information

Please note that credit card information will be destroyed after the information is processed and the charges have cleared.

American Express, Visa, and Master Card are Accepted

	Please Place Information in This Column
Credit Card Type: AMEX, Master Card, VISA	
Number on Credit Card:	
Expiration Date:	
Name On Card:	
Signature:	