



2020-2021 GASSP Individual Membership

NAME _____

DISTRICT _____

ADDRESS _____

CITY _____ ZIP _____

SCHOOL _____ POSITION _____

EMAIL (Required) _____

RENEWAL _____ NEW MEMBER _____

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

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

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

TOTAL REMITTED\$ _____

Please mail to:
Dr. Alan Long
Executive Director, GASSP PO
Box 522
Wrens, Ga. 30833

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

Credit Card Type:	
Credit Card Number:	
Expiration Date:	
CCV Code:	
Name on Card:	
Signature:	