

Membership Application	on ————————————————————————————————————		
Name:			
Title:			
Organization:		SSON	
Mailing Address:	32		ax.
City:	St	rate:	Zip Code:
Phone:	Fax:	Ema	nil:
New Membership	Renewal		
I would like to serve on the f	following committees:		
Conference Location &	Speaker Le	egislative W	Scholarship

Membership is valid January 1, 2024 - December 31, 2024

Membership dues are \$35.00

Please make check payable to GAZA and send to:

**GAZA** 

PO Box 1041

Jasper, GA 30143