

GCAA 2019 MEMBERSHIP APPLICATION

(Please Fill Out Completely & Print Clearly)

Name _____

Title _____ Phone _____

Mailing Address: _____ City _____

Zip _____ Fax _____ E-mail _____

Organization _____

Organization Website _____

If applicable, please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Certified Community Action Professional (CCAP) |
| <input type="checkbox"/> Executive Director | <input type="checkbox"/> Nationally Certified ROMA Professional (NCRP: Trainers & Implementers) |
| <input type="checkbox"/> Presenter | |
| <input type="checkbox"/> Volunteer | |

____ Yes I would like to be a supporter of the Georgia Community Action Association

Annual Membership Renewal _____ New Member _____

Individual Membership: CAA Employee: ____ \$20.00 Individual Supporter ____ \$25.00

Corporate Partnerships: Circle One: \$500 \$1,000 \$2,500 \$5,000

Corporate donations are tax-deductible and help support efforts to reduce poverty, and to stabilize families and children in Georgia. EIN: 58-1215746

Mail application and fee to:

**Georgia Community Action Association
4256 Clausell Court, Suite B
Decatur, GA 30035
Attn: Membership**

Membership Benefits:

GCAA Membership includes Quarterly E-Newsletter, Annual Conference Participation, Professional Development and Training, Organizational Training and Technical Assistance, Legislative Education.

A.I.M. High: Advocacy in Motion

