

## GSACA Membership Form

I want to join! I want to become part of GSACA and help make a difference for Georgia's School-Age Children. Please accept my membership as an:

### Individual Membership (\$50) or Student Membership (\$25)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
County \_\_\_\_\_  
Name of your organization \_\_\_\_\_  
Phone number \_\_\_\_\_  
Fax number \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Number of school-agers your program serves \_\_\_\_\_

### Organization Membership rates are:

\_\_\_\_\_ Level 1 (1-5 members) \$200.00 1 NSACA membership  
\_\_\_\_\_ Level 2 (6-10 members) \$300.00 2 NSACA memberships  
\_\_\_\_\_ Level 3 (11-15 members) \$400.00 3 NSACA memberships  
\_\_\_\_\_ Level 4 (16-20 members) \$500.00 4 NSACA memberships  
\_\_\_\_\_ Level 4 (21-25 members) \$600.00 5 NSACA  
memberships

Organization name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
County \_\_\_\_\_  
Phone number \_\_\_\_\_  
Fax number \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Designated Contact Person \_\_\_\_\_  
Title \_\_\_\_\_  
Number of staff to be served under this organization's membership \_\_\_\_\_  
Number of school-agers your program serves \_\_\_\_\_

Print out and mail this completed form, along with a check for the appropriate amount to:

**Georgia School Age Care Association**  
**246 Sycamore Street, Suite 252**  
**Decatur, GA 30030**

We'll send a letter acknowledging receipt of your payment, along with more information about your membership, as soon as we receive this form. Thanks for joining! We're glad to have you as part of the GSACA team!

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