



Principal's Name _____

School _____

System _____

Address _____

City _____ Zip _____

Phone _____ FAX _____

E mail _____

Institutional Membership is as follows: (Please enter the amount the you are paying.)

A School	\$75.00	_____
AA School	\$150.00	_____
AAA School	\$225.00	_____
AAAA School	\$300.00	_____
AAAAA School	\$375.00	_____

(It is very important that you list all AP's names.)

AP's Names

_____	e mail _____	Phone _____
_____	e mail _____	Phone _____
_____	e mail _____	Phone _____
_____	e mail _____	Phone _____
_____	e mail _____	Phone _____

List any additional on the back of this form.

Make check payable to GASSP and mail to: Melton Callahan, Executive Director,
GASSP, 5634 Atlanta Hwy., Suite 300, Flowery Branch, GA 30542