



Application for Membership

Date: _____ Referring Member: _____

Name: _____ Title _____

Name of Agency: _____

Address: _____
Street City State Zip Code

Administrator: _____

Work Phone: _____ Home Phone: _____ Fax: _____

E-Mail: _____ Web Site: _____

Regular Membership	Regular Membership Dues
<p>Agencies eligible for regular membership include private agencies located within the State of Georgia providing out-of-home or in-home direct care services to at-risk children and their families and adhering to the Together Georgia Code of Ethics.</p>	<p>Agency Expenditure Budget: \$ _____ Multiply by .004 _____ x 0.004 \$ _____ Agency Dues: \$ _____ Minimum Dues: \$600 Maximum Dues: \$7,500</p>

<u>Associate Membership</u>	<u>Individual Membership</u>	<u>Payment Method</u>
<p>Eligibility: Organizations, associations, corporations, or foundations not normally eligible for regular membership, but located in the State and supportive of the work of Together Georgia.</p> <p>Associate Dues: <u>\$600.00</u></p>	<p>Eligibility: Individuals not employed by an agency, which is eligible for regular membership and supportive of the work of Together Georgia.</p> <p>Individual Dues: <u>\$100.00</u></p>	<p>_____ Check for dues enclosed</p> <p>_____ Bill me quarterly.</p> <p>Total Enclosed: \$ _____</p> <p>Remit to: Together Georgia 90-F Glenda Trace #460 Newnan, Georgia 30265</p>

I certify that the above information is accurate to the best of my knowledge and belief. I affirm that we are an agency (I am an individual) that supports and adheres to the Together Georgia Code of Ethics.

Signed: _____ Date: _____
Name Title