



**THANK YOU FOR YOUR
REMITTANCE:**

Please make all checks payable to:

Aging Services of GA
607 Peachtree St., NE
Atlanta, Georgia 30308

Company/Organization Name: _____

Address: _____

City _____ State _____ Zip Code _____

Representative's Name & Title: _____

Phone: (____) _____

Fax: (____) _____

Email: _____

Web site _____

**Due Date:
Upon Receipt**

ASSOCIATE MEMBERSHIP INVOICE (JANUARY 1 - DECEMBER 31, 2010)

PLEASE CHECK ONE:

- Current Member
 New Member



**ASSOCIATE
MEMBERSHIP**

Check the appropriate box for individual/group membership type:
(Note: Business Members should select from
one of the first three categories below.)

<input type="checkbox"/> Business	<input type="checkbox"/> Tradeshow Member: Annual Conference and Trade Expo March 23, 2010 *Complete Sections Below	<input type="checkbox"/> Georgia Institute on Aging Donor & Aging Services of GA Membership *Complete Sections Below	<input type="checkbox"/> Professional, Retired/Inactive Administrator, Trustee	<input type="checkbox"/> Non-profit Local/State or National Organization
\$400.00 Complete Description Below	<input type="checkbox"/> \$1100 - 10' Display Space Complete Description Below	<input type="checkbox"/> \$10,000 (Partner) <input type="checkbox"/> \$5,000 (Supporter) <input type="checkbox"/> 2,000 (Friend) <input type="checkbox"/> \$1,000 (Contributor)	\$150.00	\$250.00

I would like to support the Georgia Institute on Aging: Amount: \$ _____

***If a business firm, please describe your business as you would like it to appear in our Annual Directory:**
