

**GEORGIA ASSOCIATION
OF
PROFESSIONAL PROCESS SERVERS**

MEMBERSHIP APPLICATION

**FOR RENEWAL OR NEW MEMBERSHIP, FILL OUT THIS APPLICATION AND MAIL TO:
DEBORAH A. DUCHON, GAPPS ADMINISTRATOR, P O BOX 7710, ATLANTA GA 30357-7710
BE SURE TO INCLUDE DUES AS INDICATED BELOW.**

FULL VOTING MEMBERSHIP
Available to Georgia Residents

\$75.00

ASSOCIATE MEMBERSHIP
Available to Non-residents

\$50.00

_____ NEW MEMBERSHIP

_____ RENEWAL

NAME

COMPANY NAME

PHYSICAL ADDRESS
ZIP

MAILING ADDRESS

CITY

ST

TELEPHONE

FAX

OTHER PHONE

E-MAIL ADDRESS

WEBSITE ADDRESS

COUNTIES / AREA SERVED:

LEGISLATIVE FUND CONTRIBUTION

YES, I would like to contribute to the *GAPPS Legislative Fund*. Enclosed is my membership fee and contribution in the amount of:

_____ \$25.00

_____ OTHER

TOTAL AMOUNT ENCLOSED: \$ _____

The undersigned authorizes GAPPS to investigate the facts contained on this application and review my qualification for membership. If accepted, I bind myself and all members of my firm or business to the GAPPS By-laws and Code of Ethics contained therein.

SIGNATURE

PRINTED NAME

DATE