



## ***Membership Application - Georgia Council of Court Administrators***

Please print and fill out this form, then mail or fax to:  
Membership Application - Georgia Council of Court Administrators

GCCA  
244 Washington ST SW, Suite 300  
Atlanta, GA 30334-5900  
Fax: (770) 898-7626

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Court: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Membership Type:

Regular: \_\_\_\_\_ (\$75)

Associate: \_\_\_\_\_ (\$35)

Student: \_\_\_\_\_ (\$25)

Retired: \_\_\_\_\_ (\$35)

Organization: \_\_\_\_\_ (\$375 for 6 memberships)

*Please make check payable to GCCA.*

Invited to join by: \_\_\_\_\_