



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
P.O. Box 3408
Atlanta, GA 30302

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: _____