



Georgia Gerontology Society Membership Application



Name: _____

Are you a first time member? ___Yes ___No

Place of Employment: _____

Position/Title: _____

Residential Address for Advocacy Updates:

Address Listed in the GGS Membership List on the GGS Website:

Phone: _____ Can we list your phone number? ___Yes ___No

Email: _____ Can we list your email address? ___Yes ___No

How did you hear about GGS?

Which of these categories do you identify yourself with? (Choose One)

- | | | |
|--|-------------------------------|---------|
| Government/Public/Community Agency or Organization | Academia | Student |
| Non-Profit | Private business (for-profit) | Retired |
| Other: _____ | | |

Which of the following best describes the over-arching service area you work in? (You may choose only ONE so please choose the one you spend the most time doing or use the "other" to fill-in a different area)

- | | |
|--|--|
| Health Care Delivery – home or residential setting | Legal and/or Financial Services |
| Health Care Delivery – hospital or office/clinic setting | Advocacy/Public Policy |
| Housing/Residential setting | Mental Health |
| Home & Community Based Services | Education/ training/work force development |
| Not applicable (Retired or not working) | |
| Other: _____ | |

Please tell us what profession you consider yourself? (Choose One)

- | | | |
|--|--|-----------------------|
| Nurse (RN,LPN, etc.) | Advanced Practice Nurse or Physician's Assistant | |
| Physician | Marketing/Community Outreach | Public Policy |
| Social Worker/LPC/LMFT/Mental Health Counselor | Case Manager/Care Manager | Caregiver |
| Health or Human Services Program Manager | OT/PT/Speech Therapist | Professor/Educator |
| Gerontologist | Rehabilitation professional | Business owner |
| Allied Health Professional | LTC/Residential services | Lawyer/Legal services |
| Wellness/Activity specialist/Recreation | Patient Advocacy | |
| Other: _____ | | |



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Membership Categories: Choose One

- One Year General Membership \$60.00
- Three Year General Membership \$160.00
- Student Membership (Full or Part-time student) \$25.00

Name of School: _____

Degree Pursuing: _____

- One Year Retired Membership (Person not working full time) \$25.00
- Three Year Retired Membership \$65.00
- Non – Profit Organizational Membership \$200.00
- For Profit Organizational Membership \$300.00

Organizational Memberships come with 1 vote. Up to five employees will receive GGS benefit's with an organizational membership. Please list up to four additional people who will enjoy member benefits.

| Name | Email |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

I would like to support the GGS Scholarship Fund. Amount \$_____

For further information: administrator@georgiagerontologysociety.org or call 404-780-3380.

Make check payable to Georgia Gerontology Society and mail with application to:

GGS
PO Box 7905
Atlanta, GA 30357

www.georgiagerontologysociety.org