

Individual or Group Application

(Group Application to be filled out by Director for entire staff.)

For our information to inform you. Please check those that apply to your school.

<input type="checkbox"/> Church half day	<input type="checkbox"/> Public
<input type="checkbox"/> Church whole day	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Private half day	<input type="checkbox"/> For-Profit
<input type="checkbox"/> Private whole day	<input type="checkbox"/> Family Home Care
<input type="checkbox"/> Mother's Day Out	<input type="checkbox"/> College or Univ.
<input type="checkbox"/> Day Care	<input type="checkbox"/> Other _____

**Georgia Preschool
Association Membership**

August 1, 2007 to July 31, 2008

Must be in by Sept. 30
to get in the directory
(changes may be made until Sept. 30)

Office Use Only

County _____

Number _____

Date R'cd _____

Amt. R'cd _____

District _____

Name for **Individual** _____ Email _____

Address _____ Phone (_____) _____

Street/City/Zip/County _____

School/Address/Phone _____

Groups: _____ Email _____

Name of **School** _____ **Director** _____

School Address _____ (ZIP) _____

Phone (_____) _____ County _____

Director's Address _____ (ZIP) _____

Phone (_____) _____ County _____

Please type or print the information on all staff applying for membership. If you have more than five staff, please attach a typed or clearly printed list using the same format as below. IT IS VERY IMPORTANT THAT THIS BE ACCURATE AND COMPLETE. Zip Code is mandatory. Information will appear in Directory as recorded below.

Name Last First MI	Street Address	City/Zip	Area Code Phone
1.			
2.			
3.			
4.			
5.			

Membership Fees	
Individual	\$15
Student	\$10
Groups:	
5 or less	\$50
6 to 10	\$80
11 to 20	\$150
21 to 40	\$200
More than 40	\$250

**Make Check Payable to G.P.A.
Mail Application with Check to:**

Gina Turner
1020 Riverside Drive
LaGrange, Georgia 30240
(706) 882-2274

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