



GUYANA ASSOCIATION OF GEORGIA INC.

PO Box 360744, Decatur GA 30036

MEMBERSHIP APPLICATION FORM

Motto: "Though Diverse, Together We Can Build."

LAST NAME: _____ FIRST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTH MONTH & DAY: ____/____ TELEPHONE: _____

EMAIL ADDRESS: _____

TYPE OF MEMBERSHIP: PLEASE CHECK ONE. NEW MEMBER RENEWAL

MEMBERSHIP FEES: NEW MEMBER - \$60.00 ♦ RENEWAL FEE - \$50.00 ♦ STUDENT - \$25.00

NEW MEMBER REFERRED BY: _____

**All applications for new membership require an additional US\$10.00 processing fee.*

Methods of payment: 1. **PayPal**: gaog.org/payment/membership 2. **Zelle**: gaog.treasurer@gmail.com/GAOG-GAOG 3. **Cashapp**: \$GAOG1 4. **Check** payable to: GUYANA ASSOCIATION OF GEORGIA INC.,

**General Membership Meetings are held on the 3rd Sunday of each month at the
GAOG Secretariat. 1970 Panola Road, Lithonia GA, 30058**

****Due to Covid-19, monthly meetings are conducted via Zoom from 4:00 pm**

Select committee/s of interest:

BUILDING

COMMUNICATION / PUBLICITY

EDUCATION

FINANCE

HEALTH & WELLNESS

HOSPITALITY & HUMANITARIAN

HOMELAND & INTERNATIONAL

MEMBERSHIP

SPONSORSHIP

YOUTH & CULTURE

IF SELF EMPLOYED, LIST TYPE OF BUSINESS

Type of Service

Company/ Business Name

Address

City/ State/ Zip

Tel# _____

Email Address: _____

Received by: _____

Date: _____

Amount: \$ _____