



Georgia Association of Veteran Certifying Officials 2020-2021 Membership Application Form

Name: _____ Email: _____
(First Name, Last Name) (Required)

College/University: _____ Title: _____

Address: _____
(Street Address)

City/State/Zip: _____

Business Phone: _____

Membership Category:

- ☐ Individual Member
- ☐ Institutional Member (Institutional Membership may include up to 5 members from one or multiple campuses):

Member #2: _____ Email: _____

Member #3: _____ Email: _____

Member #4: _____ Email: _____

Member #5: _____ Email: _____

I am interested in serving . . .

- ☐ as a Committee Member

I have enclosed the following:

- ☐ My signed application for membership to GAVCO
- ☐ A check or money order for \$35 (Individual Membership) or \$100 (Institutional Membership) made payable to GAVCO

I understand that by signing this membership form and by paying the annual membership fee, I or my institution am becoming a member of GAVCO for the 2020-2021 fiscal year (October 1, 2020 – September 30, 2021).

Signature: _____ Date: _____

Please return this form along with payment to the address below:
Checks should be made payable to GAVCO

Georgia Association of Veteran Certifying
Officials (GAVCO) – ATTN: Clarissa Smith
PO Box 6472
Warner Robins, GA 31095

For questions or concerns, please email clarissa.smith@wiregrass.edu.