



"Working together to build a stronger community."

Membership Registration Form

First Name: _____ MI: _____ Last Name: _____ Title: _____

Street Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____ - _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email: _____ Referred By: _____

Employment (OPTIONAL) Please provide this information if you wish to list your business in the G-WAG Directory.

Occupation: _____ Business Owner: (Y/N) _____

Business Name: _____ Type of Business: _____

Payments

Annual dues of \$100 must be paid in full within 90 days of registration or by December 31st of the applicable year (whichever is earlier). Payment can be made in cash or check to: Ghanaian Women's Association of Georgia (G-WAG)

In the event that a check issued by me is not honored, I agree to reimburse the Association any bank charges PLUS an administrative fee of \$10.00.

I hereby enclose: *(in addition to the \$50 registration fee, please indicate amounts being paid in dues/donations)*

Registration Fee <i>(one-time)</i>	\$ 50 .00
Annual Dues	\$.00
Project Donation <i>(optional)</i>	\$.00
Total	\$.00

Declaration

I wish to become a member of the Ghanaian Women's Association of Georgia (G-WAG). I understand that it is my responsibility to notify the Association of any changes in my contact details. Failure to do so absolves the Association of any responsibility or obligation to maintain communications with me. I agree that my membership is considered active ONLY upon payment of the registration fee and annual dues and that failure to pay the said fees will render my membership inactive. In the event that my membership becomes inactive, I agree to pay all monies and other assessments in arrears to the Association in order to be restored to active membership status.

Signed: _____

Date: _____

FOR OFFICIAL USE ONLY

Method: Check/Cash

Balance Due: \$ _____

Due Date: _____