

**GEORGIA LIBRARY MEDIA ASSOCIATION, INC.**

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**MEMBERSHIP APPLICATION**

MEMBERSHIP YEAR – JANUARY 1 TO DECEMBER 31, \_\_\_\_\_  
*(Please print year)*

\_\_\_\_\_  
NAME (DR./MR./MRS./MS.) FIRST, MIDDLE INITIAL, LAST

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

(     )

\_\_\_\_\_  
HOME TELEPHONE

(     )

\_\_\_\_\_  
FAX

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
JOB TITLE OR POSITION

\_\_\_\_\_  
PLACE OF EMPLOYMENT (NAME OF SCHOOL, ETC.)

\_\_\_\_\_  
EMPLOYMENT ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

(     )

\_\_\_\_\_  
WORK TELEPHONE

(     )

\_\_\_\_\_  
FAX

\_\_\_\_\_  
SCHOOL SYSTEM COUNTY

AFFILIATE MEMBERSHIPS:

ALA/AASL \_\_\_\_\_ NEA \_\_\_\_\_ GAE \_\_\_\_\_ GLA \_\_\_\_\_

AECT \_\_\_\_\_ GAIT \_\_\_\_\_ PAGE \_\_\_\_\_ AFT/GFT \_\_\_\_\_

MEMBERSHIP TYPE:

Regular (\$30) Retired (\$15) Student (\$12.50) Supporting (\$50)

**EXECUTIVE OFFICE:**

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Decatur, GA 30030

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