



Principal's Name _____

School _____

System _____

Address _____

City _____ Zip _____

Phone _____ FAX _____

E mail _____

Institutional Membership is as follows: **(Please enter the amount you are paying.)**

A School \$75.00 _____

AA School \$150.00 _____

AAA School \$225.00 _____

AAAA School \$300.00 _____

AAAAA School \$375.00 _____

This membership is for GASSP only. It does not include membership in NASSP or GAEL.

AP's Names (It is very important that you list all AP's names.)

_____ e mail _____ Phone _____

_____ e mail _____ Phone _____

_____ e mail _____ Phone _____

_____ e mail _____ Phone _____

_____ e mail _____ Phone _____

List any additional on the back of this form.

Enclosed _____

Make check payable to GASSP and mail to: Melton Callahan, Executive Director,
GASSP, 5634 Atlanta Hwy., Suite 300, Flowery Branch, GA 30542