



GAPPS

Georgia Association of
Professional Process Servers

MEMBERSHIP APPLICATION

For renewal or new membership, fill out this application legibly and mail to:
GAPPS Administrator, PO Box 7710, Atlanta GA 30357-7710.

- New member
- Renewal
 - No changes in contact information*

Include dues with this application

- Georgia resident -\$75.00 (Full voting rights)
- Out-of-state -\$50.00 (Associate member - may not vote)

YOUR NAME

COMPANY NAME

PHYSICAL ADDRESS

MAILING ADDRESS (IF DIFFERENT)

TELEPHONE

FAX

CELL

E-MAIL

WEBSITE

AREA SERVED and/or OTHER SERVICES THAT YOUR BUSINESS OFFERS

LEGISLATIVE FUND CONTRIBUTION

YES! I would like to contribute to the GAPPS Legislative Fund. Enclosed is my membership fee and contribution in the amount of:

\$50.00 \$ _____ OTHER Total Amount Enclosed: \$ _____

The undersigned authorizes GAPPS to investigate the facts contained on this application and review my qualifications for membership. If accepted, I bind myself and all members of my business to the GAPPS By-laws and Code of Ethics.

SIGNATURE: _____

PRINTED NAME: _____ **DATE:** _____