



# Georgia Gerontology Society Membership Application 2017



Name: \_\_\_\_\_

Are you a first time member? \_\_\_ Yes \_\_\_ No

Place of Employment: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Residential Address for Advocacy Updates:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address Listed in the GGS Membership List on the GGS Website:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Can we list your phone number? \_\_\_ Yes \_\_\_ No

Email: \_\_\_\_\_ Can we list your email address? \_\_\_ Yes \_\_\_ No

How did you hear about GGS?  
\_\_\_\_\_

Which of these categories do you identify yourself with? (Choose One)

- |  |                               |         |
|--|-------------------------------|---------|
| Government/Public/Community Agency or Organization | Academia                      | Student |
| Non-Profit   | Private business (for-profit) | Retired |
| Other: _____                                       |                               |         |

Which of the following best describes the over-arching service area you work in? (You may choose only ONE so please choose the one you spend the most time doing or use the "other" to fill-in a different area)

- |  |  |
|--|--|
| Health Care Delivery – home or residential setting       | Legal and/or Financial Services            |
| Health Care Delivery – hospital or office/clinic setting | Advocacy/Public Policy                     |
| Housing/Residential setting                              | Mental Health                              |
| Home & Community Based Services                          | Education/ training/work force development |
| Not applicable (Retired or not working)                  |  |
| Other: _____   |  |

Please tell us what profession you consider yourself? (Choose One)

- |  |  |                       |
|--|--|-----------------------|
| Nurse (RN,LPN, etc.)                           | Advanced Practice Nurse or Physician's Assistant |                       |
| Physician                                      | Marketing/Community Outreach                     | Public Policy         |
| Social Worker/LPC/LMFT/Mental Health Counselor | Case Manager/Care Manager                        | Caregiver             |
| Health or Human Services Program Manager       | OT/PT/Speech Therapist                           | Professor/Educator    |
| Gerontologist                                  | Rehabilitation professional                      | Business owner        |
| Allied Health Professional                     | LTC/Residential services                         | Lawyer/Legal services |
| Wellness/Activity specialist/Recreation        | Patient Advocacy                                 |                       |
| Other: _____                                   |  |                       |



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## Membership Categories: Choose One

- One Year General Membership \$60.00
- Three Year General Membership \$160.00
- Student Membership (Full or Part-time student) \$25.00

Name of School: \_\_\_\_\_

Degree Pursuing: \_\_\_\_\_

- One Year Retired Membership (Person not working full time) \$25.00
- Three Year Retired Membership \$65.00
- Non – Profit Organizational Membership \$200.00
- For Profit Organizational Membership \$300.00

Organizational Memberships come with 1 vote. Up to five employees will receive GGS benefit's with an organizational membership. Please list up to four additional people who will enjoy member benefits.

Name	Email
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I would like to support the GGS Scholarship Fund. Amount \$\_\_\_\_\_

For further information: [administrator@georgiagerontologysociety.org](mailto:administrator@georgiagerontologysociety.org) or call 404-780-3380.

Make check payable to Georgia Gerontology Society and mail with application to:

GGS  
PO Box 7905  
Atlanta, GA 30357

[www.georgiagerontologysociety.org](http://www.georgiagerontologysociety.org)