



## MEMBERSHIP APPLICATION

Last name \_\_\_\_\_ First name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Who introduced you to the GettingAhead Association?

\_\_\_\_\_

Please sign here. \_\_\_\_\_

*I understand there is a \$5.00 annual membership fee and have included a check or money order with my application.*

I need the following accommodations:      Braille      Large Print      Disk      Other

I would like more information on:

Financial education.

Mortgages.

Checking/savings account.

Starting a business.

Vehicle loans.

Loans for assistive technology.

Comments/questions:

\_\_\_\_\_

**SEND MEMBERSHIP APPLICATION/DUES TO**

GettingAhead Association, Program Director  
2810 Premiere Parkway, Suite 150, Duluth, GA 30097

*Thank you!*