



**GEORGIA
AHEAD**

Georgia Association on Higher Education and Disability

GA AHEAD
Membership Form
Period July 1, 2015
- June 30, 2016

Name (Last,First)

Institution and Location:

Job Title:

Postal Address:

City, State and Zip/Postal Code:

Email Address (office or department email)

Individual Email Address

Phone, Fax and TTY #:

Membership confirmation will be sent via email (Please enter address desired):

Institution Type:

Four year College or University

Two year College of University

Private Institution

Public Institution

Technical College

Member of University System of Georgia Institution (USG)

Member of Technical College System of Georgia (TCSG)

Experience as DSP in Higher Education:

New Professional (0-3)

Mid-Level Professional (4-6)

Senior Level Professional (7-10+)

other

I am a:

Past member of Georgia AHEAD

New to Georgia AHEAD

Section 2:

Please select if applicable:

Programmatic Accommodations

I will need:

Sign Language Interpreter

Orientation and Mobility Assistance

Other or Enter Language preference:

I will need alternate media in the following format (select one):

Large Print Agenda and Handouts

Electronic Format Emailed in advance

Other

Section 3:
Membersip:

- \$25.00 Annual individual membership
- \$75.00 Annual institutional membership

Please list names of members for institutional memberships:

Total:

Method of Payment:

- Check Enclosed (Payable to: Georgia AHEAD)
- Cashiers Check Enclosed (Payable to: Georgia AHEAD)
- Purchase Order Enclosed

Referred by:

FEIN #58-1990946

NOTE: Membership fees are fully transferable to another individual from the same institution.

All checks made payable to: Georgia AHEAD

Please submit this form with payment to:

Sonja Wright-Smith
Disability Specialist- Floyd, Douglasville & Marietta Campuses
GA AHEAD Secretary
Georgia Highlands College
3175 Cedartown Highway
Rome, GA 30161

Email: sosomith@highlands.edu