GEORGIA SOCIETY of RHEUMATOLOGY
MEMBERSHIP APPLICATION

1: NEW MEMBER CONTACT INFORMATION

Name: _____ Credentials: _____

License #: _____ NPI: _____

Practice Name/Institution Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email*: _____ Telephone: _____
*All Association related correspondence, including receipts will be forward to this email address

2: MEMBERSHIP LEVEL:

_____ Active (1 Year Membership)	$100	_____ Associate (1 Year Membership)	$50
_____ Active (3 Year Membership)	$270	_____ Associate (3 Year Membership)	$135
_____ Active (5 Year Membership)	$425	_____ Associate (5 Year Membership)	$212.50
_____ PharmD/MSL Non-Provider (1 Year Membership)	$300	_____ Academic Pharma (Non-Profit) (1 Year Membership)	$25

3: SIGNATURE AND PAYMENT SECTION

_____   _____

Signature of Applicant   Date

4: ANNUAL MEMBERSHIP DUES PAYMENT METHOD AND INFORMATION
CREDIT CARD:

Name on Card (please print) _____

Card Number _____

Expiration Date: _____ CVV 3/4 digit security code: _____

Billing Address: _____

Telephone: _____

Email Receipt to: _____

5: THIS COMPLETED FORM WITH PAYMENT CAN BE SUBMITTED VIA ONE OF THE SUGGESTED METHODS

Mail   Georgia Society of Rheumatology, 6134 Poplar Bluff Circle, Suite 101, Peachtree Corners, GA 30092

Email   caroline@theassociationcompany.com

Fax   (305) 422-3327