



## Membership Form

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

Organization/School District: \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Years of Service in Alternative Education: \_\_\_\_\_ Degree Level: \_\_\_\_\_

Total Years of Service in Education: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Number of GAAE Conferences attended: \_\_\_\_\_

Number of NAEA Conferences attended: \_\_\_\_\_

Served as GAAE Officer: (Yes or No) \_\_\_\_\_

Served on GAAE Board of Directors: (Yes or No) \_\_\_\_\_

Former Spotlight Award Winner: (Yes or No) \_\_\_\_\_

Former GAAE Administrator of the Year: (Yes or No) \_\_\_\_\_

Former GAAE Teacher of the Year: (Yes or No) \_\_\_\_\_

I would like more information on any of the following: (Please Circle all applicable)

GAAE Conferences

Board of Directors

Spotlight Schools

NAEA Conferences

Professional Development

Proposals for Conferences

Other: \_\_\_\_\_

My Membership will be paid for as part of my GAAE Conference Fees.

My Membership will be paid without GAAE Conference Fees. (\$50)

Mail check payments and purchase orders to:

Jessica Johnson -GAAE Treasurer 402 Market Street Savannah, GA 31408

Please direct any membership questions to Marcus Scott- email: [gaaeconference@gmail.com](mailto:gaaeconference@gmail.com)

Cell: 912-655-4371