



GEORGIA DRIVER AND TRAFFIC SAFETY EDUCATION ASSOCIATION

MEMBERSHIP APPLICATION FORM
(Please Print)

Name _____

Employer _____

Position _____

Street Address _____

City _____ State _____ Zip Code _____

County _____

Home Phone _____ Work Phone _____

E-Mail Address _____

Annual Dues \$20 (Make check payable to GDTSEA)

Mail To: GDTSEA
% GA Traffic Injury Prevention Inst.
1070 Culpepper Drive, NW Suite 300
Conyers, GA 30094

Skills willing to share with GDTSEA

- | | |
|--|--|
| <input type="checkbox"/> Region Chairperson | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Phone Calls |
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Meeting Set-up/Registration |
| <input type="checkbox"/> Budget Committee | <input type="checkbox"/> Video |
| <input type="checkbox"/> Conference Committee | <input type="checkbox"/> Presentation(s) |
| <input type="checkbox"/> Constitution & Bylaws Committee | <input type="checkbox"/> Other: _____ |