



**GEORGIA ASSOCIATION OF
SCHOOL FACILITY ADMINISTRATORS**

2010 Associate Membership Form

Business Name: _____

Business Mailing Address: _____

Business Website Address: _____

Phone: _____ Fax: _____

Email: _____

Contact Person: _____

Type of Business: _____

Corporate Membership Fee (1 Year) (Included in Registration)	\$200.00
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Please make check payable to: **GASFA**

Send to: GASFA
P. O. Box 72342
Newnan, GA 30271-2342

Phone: (770) 304-5682
Fax: (770) 304-9404
Email: Searcy.Jackson@gmail.com