



**2009 GAHA Membership
c/o Elizabeth Novak
270 Fannin Lane
McDonough, GA 30252
770-480-6998**

Date: _____

ApHC No: _____

Primary Member

Representative: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Bus #: _____ Fax #: _____

E-mail: _____

Web page: _____

**You may include additional e-mail or web pages on the back of this form if needed for each family member.

Circle One

Individual: \$15/year or \$150 lifetime

Family/Farm/Corp: \$25/year

Youth: \$10 year

List Every Family Member

ApHC No.

Youth Date of Birth

Name: _____

Name: _____

Name: _____

Name: _____

Mail completed form to Elizabeth Novak at the above address, with your check made payable to: GAHA

This membership referred by: _____