



Georgia Association for Women in Education  
Membership Application

Name (Dr./Ms./Mr.) \_\_\_\_\_  
Last First Middle

Title \_\_\_\_\_

Highest Degree Level \_\_\_\_\_ Field of Study \_\_\_\_\_

Department/Division/Unit \_\_\_\_\_

Institution \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_  
Street/P.O. Box

City State Zip Code

TEL GIST FAX

Home Address \_\_\_\_\_  
Street/P.O. Box

City State Zip Code TEL

Annual Membership Dues

Check One:

Renewing Member  Member Since 19\_\_\_\_ New member

Annual dues are \$30.00 (September 1-August 31). Please make checks payable to GAWE and mail to:

GAWE  
c/o Rhonda Holmes  
Dean for Student Services  
Georgia Perimeter College  
5155 Sugarload Parkway  
Lawrenceville, GA 30043