



## GMCA Membership Only Form

For those of you who would like to be a member but will not be able to attend this year's meeting!

Please complete the form and enclose \$20.00 per person for Dues Only.

Make check payable to:  
Georgia Mosquito Control Association

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

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Send this completed form and check to:**

**Georgia Mosquito Control Association  
c/o Robert Seamans  
PO BOX 156  
STATESBORO, Georgia 30450**

**Phone (912) 682-8135 Fax (912) 764-7680**

**Email [rseamans@statesboroga.net](mailto:rseamans@statesboroga.net)**