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