



## 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!  
Membership dues are for one year.

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

Make check payable to:  
Georgia Mosquito Control Association

Date: \_\_\_\_\_

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

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

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

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

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

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

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

Send this completed form and check to:

**GMCA c/o Karen Farris  
Richmond County Mosquito Control  
1916 North Leg Rd. Bldg K  
Augusta, GA 30909**

**706-667-4241  
karen.farris@dph.ga.gov**