



Georgia Association of Veteran Certifying Officials 2024-2025 Membership Application Form

Name: _____ Email: _____
(First Name, Last Name) (Required)

College/University: _____ Title: _____

Address: _____
(Street Address)

City/State/Zip: _____

Business Phone: _____

Membership Category:

- Individual Member
- Institutional Member (Institutional Membership may include up to 5 members from one or multiple campuses):

Member #2: _____ Email: _____

Member #3: _____ Email: _____

Member #4: _____ Email: _____

Member #5: _____ Email: _____

I am interested in serving . . .

- as a Committee Member

I have enclosed the following:

- My signed application for membership to GAVCO
- A check or money order for \$50 (Individual Membership) or \$200 (Institutional Membership) made payable to GAVCO

I understand that by signing this membership form and by paying the annual membership fee, I or my institution am becoming a member of GAVCO for the 2024-2025 fiscal year (October 1, 2024 – September 30, 2025).

Signature: _____ Date: _____

Please return this form along with payment to the address below:
Checks should be made payable to GAVCO

Georgia Association of Veteran Certifying
Officials (GAVCO) – ATTN: Damien Lane
PO Box 370219
Decatur, GA 30037

For questions or concerns, please email dlane@gupton-jones.edu