



# Georgia Association for Alternative Education

## Membership Application

Name \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

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

Fax \_\_\_\_\_

### **Annual Membership \$60.00**

Make checks payable to: GAAE (Georgia Association for Alternative Education)

Mail this form and check or purchase order to:

**Tammy Brinkley**  
**Hightower Academy**  
**516 Allen Street**  
**Dawsonville, GA 30536**