



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 Check Payable to:

GAAE (Georgia Association for Alternative Education)

Return your dues to:

**Dr. Jannie H. Broadnax, Treasurer
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Madison, GA 30650
706.342.5041
JANNIE.BROADNAX@morgan.k12.ga.us**