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*Welcome to ANOG!*

## Membership Application Form

**Name of Association:** \_\_\_\_\_

Website/Contact Email Address:

Date Incorporated (Attach copy of Organization Registration):

President:

General Secretary:

Registered address:

City:

State:

ZIP Code:

Meeting frequency (e.g. First Saturday of each month) and location:

### **Representatives Information**

*(Name of persons to represent your organization as ANOG Board of Representatives member)*

1. Name:

E-mail:

Phone:

2. Name:

E-mail:

Phone:

Comments(If Any):

### **Additional Information** *(Please mail completed application to address above)*

Registration Fee: (\$200)

Annual Membership fee (\$100):

ZIP Code:

Name of Person completing this form:

Position:

Signature of Applicant:

Phone:

Date & Time:

**Application should be accompanied with a \$200 nonrefundable check for Registration and Documentation from the Secretary of State confirming nonprofit status**