



# MEMBERSHIP / RENEWAL FORM

## Gail Davenport Community Advocacy Group (GDCAG)

All prospective members of GDCAG are required to complete this registration form. Indicate any changes;  
 Membership runs from July 1st-June 30th.     **NEW MEMBERSHIP**     **RENEWAL**

### SECTION 1: MEMBER CONTACT INFORMATION

<b>TITLE</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
<b>NAME</b>	
<b>ADDRESS 1</b>	
<b>ADDRESS 2</b>	
<b>ADDRESS 3</b>	
<b>TOWN/CITY</b>	
<b>ZIP CODE</b>	
<b>JOB TITLE:</b>	
	<b>MAIN TELEPHONE</b>
	<b>WORK TELEPHONE (if different)</b>
	<b>HOME TELEPHONE</b>
	<b>MOBILE PHONE</b>
	<b>PRIMARY EMAIL</b>
	<b>SECONDARY EMAIL</b>

### SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
<b>FULL</b>	Full Membership (dues used for picture ID, signature lapel pin, support mobile testing unit)	\$30.	
<b>GIVE A MEMBERSHIP</b>	Give A Membership Member	\$30	
<b>COMMUNITY SUPPORTER</b>	Community Supporter membership is open to all who share GDCAG's objectives or wish to help advance them but cannot become full members (restricted from voting, holding office or chairing committees)	\$20	
<b>INSTITUTIONAL</b>	Institutional Membership is open to institutions working in the medical field. Membership allows transfer of membership to replacement personnel. For Membership descriptions see website <a href="http://gaildavenport.com">http://gaildavenport.com</a>	\$20 per member	
<b>PAYMENT METHOD</b>	<input type="checkbox"/> Personal Check <input type="checkbox"/> Online Payment <input type="checkbox"/> Institutional Check		

### SECTION 3: ADDITIONAL MEMBER INFORMATION

**Sign me up for the following email list(s):**  
 \_\_\_\_\_ **Action Alerts** - Prostate Cancer Awareness Initiative  
 \_\_\_\_\_ **GDCAG News** - Newsletter  
 \_\_\_\_\_ **Promotions** – Get latest information on events, and products/services.

**Do you subscribe to the GDCAG News?** Y  or N  If no, would you want to be subscribed? (provide e-mail address if not listed)

**Permission to use photographic images:**  
 Photographs of GDCAG members may be used in various GDCAG communications incl. the newsletter and website. Group photographs taken at GDCAG events may be used without identifying individual members. For individual photographs, please indicate your permission for use:  
 \_\_\_\_\_ GDCAG has my permission to use and identify photographs of me.  
 \_\_\_\_\_ GDCAG does not have permission to use and identify photographs of me.  
 \_\_\_\_\_ GDCAG must contact me before using any identified photographs of me in GDCAG communications.

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

**To pay online:** Go to <http://gaildavenport.com/wordpress/be-a-member/>

**To pay by check:** Send a check made payable to GDCAG to:

GDCAG, P.O. Box 1074  
 Jonesboro, GA 30237  
 678-215-9971

Regardless of payment method used, please **make sure to send a copy of your membership form** to [gdavenport@gaildavenport.com](mailto:gdavenport@gaildavenport.com)