



GEORGIA CARRY.ORG, INC.

P.O. Box 501625
Atlanta, Georgia 31150

Membership Application

Please complete and sign the following application form, along with a check for your membership dues/donation, and mail to the address listed at the top of the page. We will contact you shortly with your membership confirmation.

Membership Type:	New: _____ Renewal: _____ (membership #: _____)
Name: _____	
Address: _____	
City: _____	Phone: _____
State: _____	Email Address: _____
Zip: _____	(Providing a readable and active email address will save time and costs so we can commit more resources toward our goals)
County (if in Georgia): _____	

Comments (please take a moment to let us know how you found out about our organization and to describe your reasons for wanting to join us):

How can you help? Describe any special skills or relationships that you have that may help us with our goals of weapons carrying law reform in Georgia:

Membership Options

Annual membership dues and donations help support Georgiacarry.org in carrying out our various legal projects, public awareness campaigns and education sessions. We are very excited about the projects we are participating in and would love to be able to count on you for your support.

Please indicate below how you can offer support to Georgiacarry.org.

<input checked="" type="checkbox"/>	1 year GCO membership	\$ 15.00
	GCO Donation	\$ _____
<input checked="" type="checkbox"/>	Total	\$ _____

I hereby apply for membership in GEORGIACARRY.ORG, Inc. I certify that I support the Constitution and the Bill of Rights of the United States of America. I am not a member of any organization or group which has as any part of its program the attempt to overthrow the Government of the United States of America or any of its political subdivisions by force or violence.

Signature: _____

Date: _____