NSA Georgia
Application for Membership

Please type or print.

Name _____ Preferred Phone: _____

Company _____ Email: _____

Address _____ Website: _____

City _____ State _____ Zip _____ (Above will appear on NSA Georgia website.)

*Please add a Brief Description of your Speaking Topics on the reverse side of the application.

CIRCLE OPTION ONE OR TWO

1. NSA Georgia Chapter Member (*Membership in NSA national is required*) NSA Georgia Chapter Membership entitles you to identification as an NSA Georgia Member, use the NSA Georgia logo and earned awards, participation in NSA Georgia functions at Member rate, exercise voting rights and be eligible to serve on the Board of Directors.

NSA Membership Requirements – (1) Receive monetary payment from at least 20 presentations in the current consecutive 12 month period, (2) give a minimum of 20 presentations to audiences of 15 or more as part of a salaried position within the last 12 months, or (3) earned at least $25,000 giving presentations in the last 12 months.

DATE YOU JOINED NSA: _____

FEES		
Application Fee	=	$50.00
Annual Dues	=	$275.00
Total Amount Due	=	$325.00

2. NSA Georgia Associate
NSA Georgia Associates are affiliates of NSA Georgia, not NSA. NSA Georgia Associates are entitled to attend and participate in all NSA Georgia functions at Associate fees and be listed on the NSA Georgia Membership list. Associates may not vote, use the NSA Georgia logo or reference themselves as a Member of NSA Georgia.

FEES		
Application Fee	=	$50.00
Annual Dues	=	$300.00
TOTAL AMOUNT DUE	=	$350.00

Bonus: Members and Associates joining NSA Georgia receive a certificate to attend an NSA Georgia afternoon session at no charge.

Method of payment (Check only one):

_____ Single payment _____ Monthly by credit card
(Total plus $36 processing fee)

_____ Check #_____ ($25 charge for returned checks)

_____ Visa _____ MasterCard _____ AMEX
($15 charge for incorrect credit card number)

Credit Card Number _____

Exp. _____

Billing Address if Different From Above:

_____

Cardholder Name _____
(Print as it appears on card)

Cardholder Signature

_____ Date _____

I was referred to NSA Georgia by:

_____

Code of Professional Ethics
I have read NSA's Code of Professional Ethics before signing below. As a condition of being granted membership in NSA Georgia, I agree to abide by NSA Georgia policies, procedures, by-laws and shall comply with the Code of Professional Ethics as it is now or may be in the future.

In consideration of NSA Georgia's review of my application, I hold harmless and indemnify and release NSA Georgia, its officers, directors, employees, agents or others acting on behalf of NSA Georgia from any and all liability arising out of the acceptance or rejection of this application and the suspension or termination of membership for any reason.

_____
Signature Date

Sign and mail this application and your payment to:

NSA Georgia Chapter
2900 Delk Rd Suite 700 PMB 321
Marietta, GA 30067