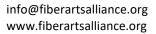
678-235-4328 3420 W. Hospital Ave., Suite 103 Chamblee, GA 30341











MEMBERSHIP APPLICATION

Individuals, Households, Students

Name											Da	_ Date				
Addres	ss															
City, Si	tate, Zip _															
Phone				Ту	pe of ph	one nu	mber?	Hom	ne	Cell		_ Work		_		
Email /	Address				Ту	pe of e	mail a	ıddress	s? Ho	me	W	ork				
	Membe															
	Type Annual Dues¹ ¹Dues are for one year				Individual				Household							
			•		60 🗖	\$	55^2]	\$80 🗖			\$70 ² 🗖				
How did you hear about SEFAA? E-newsletter																
·	•		unteer? Yes 🗖						·							
Do you	u teach fibe	er arts?	□ Yes □ No	If yes	, what su	ibjects	do you	ı teach	າ?							
Gender	: Female	☐ Ma	ale 🖵 Othe	r/Prefer I	Not to Re	espond										
Age:	Under 15	□ 15- 24	□ 25- 34	□ 35 44		45- 54		55- 64		65- 74		74- 85		85+		
	nere 🖵 ONI	-	o not give permis	sion for y	our photo	graph to	o be us	ed for	Sefaa _I	promot	ional p	ourposes	s (new	sletter	s,	