



GEORGIA GANG INVESTIGATORS ASSOCIATION
MEMBERSHIP APPLICATION

www.ggia.net

Date: _____

New ____ Renewal ____

Name: _____
(Last) (First) (MI)

Agency/Department: _____

Address: _____

City, State, Zip: _____ County: _____

Rank/Title: _____ Phone: _____

Fax: _____ E-mail: _____

(Membership \$25.00 Annually)

(Make check payable to: G.G.I.A.)

(Online payments now available)

Mail to: G.G.I.A.
P.O. Box 346
Snellville, GA 30078

E-mail application to:
pedro_vega@gwinnett.k12.ga.us

****Please include a copy of Departmental Identification****

NOTE: Departmental Identification need not be attached if application is handed directly to a G.G.I.A. Board Member for validity.
Online applicant's identification will be verified by a Board Member

It is presumed that members acknowledge and agree to abide by the by-laws of G.G.I.A.

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(GGIA Office Use Only)

Payment Record _____ Date Received _____

Application Received by: _____