



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)

\$2.00 fee applies to all credit transactions

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

(Online payments now available)

**Mail to: G.G.I.A.
c/o Lisa Bryson
891 Rainey St.
Gainesville, GA 30501**

**E-mail application to:
lisacaseybryson@djj.state.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)

Date Received: _____ Payment: _____ Check/Cash/Credit CC Type: _____

Credit Card #: _____ Exp: _____ CVV: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Authorization Code: _____

Received by: _____