

**2016-2017 Georgia Assessment Directors'
Association For Educator Preparation Programs
Membership Application**

Membership includes two association representatives who have responsibility for assessment of educator preparation programs. Institutional dues are **\$100.00 dollars per academic year**. (This amount includes the registration fee for both association representatives at the spring and fall General Forum meetings.) Complete this application to join the Georgia Assessment Directors' Association. Please print.

Institution/Organization: _____

Representative 1 (designated as the primary voting member)

Name: _____

Title: _____

Email: _____

Mailing Address: _____

Phone: _____

Fax: _____

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Representative 2 (designated as the alternate voting member)

Name: _____

Title: _____

Email: _____

Phone: _____

Make checks payable to **Georgia Assessment Directors' Association**.

Please write the name of the institution or organization on the check. Send application and check to:

Dr. Susan Hagood, Thomas University, 1501 Millpond Rd., Thomasville, GA 31792
(Contact information: 229-226-1621 ext 1030 or shagood@thomasu.edu)

Deadline: September 21, 2016.

List Any Special Dietary Needs: _____