



Anesthesiologist Assistant Joint Membership Application

Checks should be made payable to Georgia Society of Anesthesiologists and mailed to GSA, 1231 Collier Rd, Suite J, Atlanta, GA 30318.

Membership Category (check one):		
Anesthesiologist A	ssistant (\$150	annually)	AA Student (\$75 one time)
Contact Information:			
Full Name:		_Date of Birth:	Gender: Male or Female
Mailing Address:			
City:	State:	Zip Code:	Fax:
Home Phone:	Cell Phon	e:	Work Phone:
Primary email:	Secondary email:		
Education and Training:			
School:		Years:	Degree:
Current Appointment:	Location:		
Student Applicants Only	':		
Training Site:	Proposed Graduation Date:		

Please fax complete applications to (404) 249-8831 or mail to 1231 Collier Rd, Suite J, Atlanta, GA 30318. Checks should be made payable to Georgia Society of Anesthesiologists.

For more information, call 404-249-9178 x 6 or visit www.gsahq.org/gsa-and-gaaa-mem.