

**2022-2023 ASSOCIATE MEMBERSHIP APPLICATION**

***This application is for adults, parents, and all interested parties. This application is NOT for eligible contestants.***

**APPLICANT’S NAME**

**SECOND’S APPLICANT’S NAME (SPOUSE)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_**

**STREET ADDRESS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **CITY** | **STATE** | **ZIP** |
| **HOME PHONE** |  | **CELL PHONE(S)** |

**E-MAIL ADDRESSES**

**CONTESTANT’S NAME (IF RELATED)**

# ASSOCIATE DUES $10 per person

*An associate membership gives you voting rights at the state level. You must be an associate member to hold any position in GHSRA such as, event director, board member, or committee member.*