

Campus Ministry Association
The University of Georgia

**Renewal Application for Supervising (Full) Member
for 2006-2007**

Please mail this application with a check
(annual dues of \$40 per organization (if not already paid) plus \$15 for each Full Member) to:
Jim McGown, CMA Secretary, 1250 S. Lumpkin St., Athens, GA 30605

Date: _____ Campus Ministry Name: _____
Ministry Address: _____ City: _____ State: _____ Zip: _____
Ministry Phone: (_____) _____ Ministry Web: _____

Renewing Supervising (Full) Member:

[Note: Date of Birth (DOB) and Social Security Number (SSN) are required only if you desire to purchase football tickets or to obtain a UGA ID. They are given only to UGA Student Affairs and Activities.]

Name: _____ DOB: _____ SSN: _____
Spouse: _____ DOB _____ SSN _____
Child: _____ DOB _____ SSN _____
Child: _____ DOB _____ SSN _____
Child: _____ DOB _____ SSN _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
Email: _____