

**Campus Ministry Association
University of Georgia
Renewal Application for Supervised Member
for 2006-2007**

**Please give or mail this application with a check for \$15 (annual dues) to:
Jim McGown, CMA Secretary, 1250 S. Lumpkin St., Athens, GA 30605.**

Date: _____ Campus Ministry Name: _____

Renewing Supervised 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: _____

Application approved by _____ Date _____

Signature of Supervising Member

