



2016 GAHL Membership Application

Name: _____

Organization and position, if applicable:

Address: _____

Phone: _____

Email: _____

Your expertise in health literacy (no more than 25 words):

Membership is open to all who are committed to the overall mission and objectives of this organization.

Annual Dues: Health Literacy Supporter \$60 or Healthcare Consumer/Student \$25

- Dues are for one calendar year and will not be refunded or prorated.
- Membership will not be denied due to financial hardship.

Membership Benefits:

- Online listing in roster of health literacy experts and consultants
- Opportunities to serve as a representative of GAHL at various presentations, community events, conferences, etc. – participation is strongly encouraged
- Networking and professional development at quarterly meetings
- Opportunities for leadership in promotion and advocating for health literacy

In requesting membership in GAHL - you are expressing an understanding of its mission and agree to lend your time and talents, as you are able, to enhance the organization's benefit and impact.

Signature: _____ Date: _____

Email signed membership application to: gahealthliteracy@gmail.com, with membership dues paid via PayPal on the GAHL site. If you prefer to mail in your dues, make check payable to: Georgia Alliance for Health Literacy, and mail to GAHL, 55 Lafayette Drive, N.E., Atlanta, GA 30309