



## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### CURRENT EMPLOYMENT

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Profession: \_\_\_\_\_

Years in Profession (REGA Bylaws require 5+ years): \_\_\_\_\_

Job Responsibilities/Description: \_\_\_\_\_

### BACKGROUND

Date of Birth: \_\_\_\_\_

Undergraduate Degree/Year \_\_\_\_\_ Undergraduate Institution: \_\_\_\_\_

Graduate Degree/Year \_\_\_\_\_ Graduate Institution: \_\_\_\_\_

Professional Designations: \_\_\_\_\_

Professional Organizations: \_\_\_\_\_

Previous Work Experience (Attach a current resume) \_\_\_\_\_

### SPONSORSHIPS (TWO REQUIRED)

Board Member: \_\_\_\_\_

Other REGA Member: \_\_\_\_\_

### REGA USE ONLY

Application Received: \_\_\_\_\_ Category: \_\_\_\_\_

Board Decision: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a current resume and photograph and mail or email (preferred) this application to:**

**REGA, P O Box 5616, Douglasville, GA 30154**

**or**

**info@regatlanta.com**

**If you have any questions, please call: John Hetzel, VP Membership at 404-885-6681.**