

GEORGIA PARTNERS OF THE AMERICAS
P.O. Box 501611
Atlanta, Georgia 31150

Membership Information Form

Date: _____ New Member _____ Renewal _____

Muito Obrigado!

NAME _____
Last First Middle Initial

If this is a family membership
please provide the name of your
spouse or significant other _____

HOME ADDRESS _____

Home Phone _____ Home Fax _____

Home E-mail _____

OFFICE ADDRESS _____

Office Phone _____ Office Fax _____

Office E-mail _____

I Prefer to Receive Partners Correspondence at (circle one) Home Office

BRAZILIAN EXPERIENCE

(circle, check or fill in blank as appropriate)

I or a member of my family has:

Lived in Brazil	Yes	No	Visited Brazil	Yes	No
Lived in Pernambuco	Yes	No	Visited Pernambuco	Yes	No

Date of most recent visit to Brazil/Pernambuco _____

Whether you answered "yes" or "no" to the above briefly describe your experience with Brazil or Brazilians:

I am interested in participating in an exchange to Pernambuco in the current calendar year: Yes No

I would like to host a Brazilian guest in my home: Yes No

I speak Portuguese: Fluently Somewhat Not at all

I read Portuguese: Fluently Somewhat Not at all

COMMITTEE PARTICIPATION

I am interested in remaining on or joining one of the committees checked below:

<input type="checkbox"/> Health/ Rehabilitation	<input type="checkbox"/> Youth Development/Leadership	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Business/ Economic Dev.	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Community Dev.
<input type="checkbox"/> Education	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Membership
<input type="checkbox"/> Cultural Affairs	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Other (list below)

MEMBERSHIP CATEGORY

_____ Student \$20

_____ Patron \$200

_____ Individual \$50

_____ Corporate \$500

_____ Family \$70

In addition to my membership check, I would like to donate an additional \$_____ to the Georgia Partners of the Americas (a 501-c-3 organization) to help defray some of the ongoing cost of operations.

Please return this completed form and your membership/donation to:

Georgia Partners

P.O. Box 501611

Atlanta, Georgia 31150