



Annual CO-AGE Participation Agreement

Return this form and make your check payable to:
Georgia Council on Aging
Two Peachtree Street, N.W., Ste 32.270
Atlanta, Georgia 30303-3142

Please provide the information below.

Name _____

Organization (if applicable) _____

Address: Business _____ or Home _____

Telephone number _____ FAX number _____

Email address _____

I understand and agree to the terms of participation in the **Coalition of Advocates for Georgia's Elderly (CO-AGE)** as outlined in the CO-AGE participation handout. I accept these responsibilities.

Please enroll me as:

- An individual participant
- An organizational participant (enclose any additional addresses)

For the 2007 advocacy cycle (April 2006 thru April 2007)

My voluntary contribution is:

- _____ \$15 Student
- _____ \$50 Individual Participant
- _____ \$100 Organizational Participant
- _____ Other