

Southern Georgia Evaluation Association  
Membership Application Form

**\*\* Please print this form \*\***

Today's Date: \_\_\_\_\_

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

Salutation:     Mr.             Ms.             Dr.

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

City, State and Zip: \_\_\_\_\_

Phone (work): \_\_\_\_\_

Email address: \_\_\_\_\_

Agency/Affiliation: \_\_\_\_\_

Degrees and/or Certificates: \_\_\_\_\_

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

Your work setting (select one for primary setting):

- Primary or secondary education
- College/University
- State or local government
- Public health
- Healthcare
- Community service
- Independent consultant

Primary role/responsibility (check one):

- Evaluator     Program Planner/Coordinator     Director/Manager
- Student     Researcher     Funder     Other

How would you rate your current level of evaluation expertise?

- Expert     Highly skilled     Intermediate skills     Novice

**(Turn over)**

**Are you interested in serving on a SGEA committee?** If so, please check all that apply

\_\_\_\_\_ **Annual Conference Committee** - Plans and organizes the annual conference, including determining theme, choosing a keynote speaker and workshop facilitators, handling logistics, and soliciting sponsors.

\_\_\_\_\_ **Programs** – Gathers information from membership on training and professional development needs and makes recommendations to the Executive Board regarding programs, activities and educational resources to be offered throughout the year.

**Can we share your contact information via a membership directory?**

Yes       No

How did you hear about the SGEA (check all that apply)?

Colleague       SGEA website       \*AEA website       Another AEA affiliate  
 Professor or counselor       Local media       Friend

\*American Evaluation Association

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Annual Membership Fee: Regular \$30 per year; Students \$15 per year

Please enclose this completed form with check (no cash or credit cards please) made payable to Southern Georgia Evaluation Association. Mail to:

**Shirley Rogers**  
**Southern Georgia Evaluation Association**  
**c/o Southwest Georgia Cancer Coalition**  
**P.O. Box 1962**  
**Albany, GA 31702**