



GEORGIA ASSOCIATION OF LAW ENFORCEMENT CHAPLAINS
P.O. Box 503
Flowery Branch, GA 30542

Membership Application for August 2024-2025
Annual Dues: \$30.00

Title: _____ Name: _____

Address: _____ City _____

State: _____ Zip: _____

Phones: Home (____) ____ - _____ Cell (____) ____ - _____

E-mail: _____

Agency Information

Department: _____

Address: _____

State: _____ Zip: _____ Phone: (____) _____ - _____

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Or Mail Check to GALEC, P.O. Box 503, Flowery Branch, GA 30542 _____