



Suicide Prevention Coalition of Georgia

(www.SPCGeorgia)

Membership Application

Check Type of Membership Desired:

Organizational Member (Voting Member: supports SPCG mission and goals, designee attends 3 of 6 meetings per year, participates on committee, and receives communications)

Associate Organizational Member (Non-voting member: supports SPCG mission and goals but cannot participate at voting membership level. Receives communications and can attend and speak at meetings.)

Individual Member (Voting Member: supports SPCG mission and goals, designee attends 3 of 6 meetings per year, participates on committee, receives communications)

Associate Individual Member (Non-voting member: supports SPCG mission and goals but cannot participate at voting membership level. Receives communications and can attend and speak at meetings.)

Committees:

Events

Guidance and Resource

Outreach

Name: _____ Email: _____

Organization/Business (if applicable): _____

Name of Organization Designee _____ Email _____

Name of Alternate _____ Email: _____

Mailing Address: _____

Phone: _____ ext. _____ Fax: _____

Website: _____

**SPCG is interested in having all interested parties participate in this coalition.
We need your involvement! Please become a caring Partner in Suicide Prevention.**

There is no fee to become a member of SPCG and membership automatically renews yearly.

Benefits of Membership:

- . Bi-monthly meetings with an information focus
- . Networking with other professionals interested in suicide prevention
- . Increased opportunities for collaboration
- . Education and training
- . Participation in work of committee/task force of your choosing
- . Voice in SPCGA goals and initiatives
- . Opportunity to learn of other events on related topics
- . Participation in capacity building

**Contact info: Marti Vogt, 9500 Medlock Bridge Rd., Duluth, Ga. 30097, 678-405-2277,
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