



Georgia POLST Collaborative MEMBERSHIP APPLICATION

New Member

Renewing Member

Name: _____

Workplace: _____

Position/Title: _____

Address: _____ City _____ State _____

Phone: Work _____ Cell _____

Email: _____

MEMBERSHIP TYPE

Organizational Member (\$250)

Facility Member (\$250)

Healthcare Professional Member (\$50)

General Member (\$50)

Please make check payable to GEORGIA HEALTH DECISIONS
Mail Form and checks:
Georgia POLST Collaborative
C/o Georgia Health Decisions
Attn: Beverly Tyler
158 Adair Street
Decatur, GA 30030