



## Records Management Professional Certificate Program Application

### Contact Information

|                     |  |
|---------------------|--|
| Last Name           |  |
| First Name          |  |
| Employer            |  |
| Job Title           |  |
| Work Street Address |  |
| City/State/Zip Code |  |
| Work Phone          |  |
| Work Fax            |  |
| E-Mail Address      |  |

### GRA Membership

Are you a GRA Member (required for Certificate Program participation)?

yes  no

Please go to [www.georgiarecords.org](http://www.georgiarecords.org) for GRA membership information.

### Records Management Experience

Tell us how many years of records management experience you have. \_\_\_\_\_

### Signature

|           |  |
|-----------|--|
| Signature |  |
| Date      |  |

### Application Submission

Please include a non-refundable application fee of \$100, **Georgia Records Association.**

Check or Credit Card Email application to [education@georgiarecords.org](mailto:education@georgiarecords.org)

Georgia Records Association

Attn: Lia Jones

P. O. Box 775

Gaithersburg, MD. 20884

Thank you for your interest in the GRA Records Management Professional Certificate Program.