GEORGIA RECORDS ASSOCIATION

Application for The Records Management Professional Certificate Program

Please print or type. This information will be used to mail your written confirmation and to maintain your student record.

last name | first name | mi

employer or organization | title

business address

city | state | zip

work phone | fax | e-mail

Are you a GRA Member? ☐ Yes ☐ No

(Membership required to participate in the Certificate Program)

Total number of years experience in Records Management _____

Include a nonrefundable application fee of $100.00
payable by check to Georgia Records Association and mail to:

Georgia Records Association Professional Certificate Program
P.O. Box 1020
Dallas, Georgia 30132