



We are a highly visible statewide organization of experts and advocates in the field of post-secondary disability services that promotes high professional and ethical standards and services as a primary training and information resource to professionals in post-secondary education and other agencies that work with students with disabilities.

Getting Started:

To best serve our members, we request the following information pertaining to your Institution and/or needs to best serve active members.

Institution Type:

(Please select all that apply)

Four year College or University

Two year College or University

Private Institution

Public Institution

Technical College

Member of the University System of Georgia Institution (USG)

Member of the Technical College System of Georgia (TCSG)

Programmatic Accommodations:

(Select applicable accommodations requested for your Institution's Members to fully participate)

Sign Language Interpreter

Orientation and Mobility Assistance

Language preference

Large Print Agenda and Handouts

Electronic Format of Program Materials, emailed in advance

Other: _____

Membership

Note: Membership fees are fully transferable to another individual from the same institution.

Select your Membership Category:

Individual Membership – Please provide the contact information for the Professional Member from your institution.

Institutional Membership – Please provide the contact information for up to **four** Professional Members from your institution.

Student Membership – Please provide the contact information for your program institution.

Member Contact Information:

Institution/Organization: _____

Address: _____

City: _____ Zip/Postal Code: _____

Institution's Disability Website: _____ Fax: _____

1. Name: _____ Title: _____

Telephone: _____ E-mail: _____

Years of Experience as a DSP in Higher Education: _____

2. Name: _____ Title: _____

Telephone: _____ E-mail: _____

Years of Experience as a DSP in Higher Education: _____

3. Name: _____ Title: _____

Telephone: _____ E-mail: _____

Years of Experience as a DSP in Higher Education: _____

4. Name: _____ Title: _____

Telephone: _____ E-mail: _____

Ensure payments are issued to: Georgia AHEAD

Suitable forms of payment are Check, Cashier's Check and Purchase Orders

FEIN# 58-1990946

Please submit Georgia Ahead Membership Form and Payment to:

Sonja Wright-Smith

GA AHEAD BOD Secretary, Director of the Access Office

Valdosta State University

Farbar Hall

1500 North Patterson Street

Valdosta, GA 31698

[\(229\) 245-2498 \(V\)](tel:(229)245-2498)

[\(229\) 375-5871 \(VP\)](tel:(229)375-5871)

[\(229\) 245-3788 \(FAX\)](tel:(229)245-3788)

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