

# GAMPAC MEMBERSHIP

## GEORGIA MEDICAL POLITICAL ACTION COMMITTEE



Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer\* \_\_\_\_\_

Occupation\* \_\_\_\_\_ Email \_\_\_\_\_

\*State campaign disclosure laws require that GAMPAC collect this information. Contributions to GAMPAC are not deductible for federal income tax purposes.

**Please indicate level of giving:**

*“Chairman’s Circle” Member*  
Minimum \$2500 contribution

*“Capitol Club” Member*  
Minimum \$1000 contribution

*General Membership*  
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