

District Grapevine Representative Registration Form

Name: _____

Address: _____

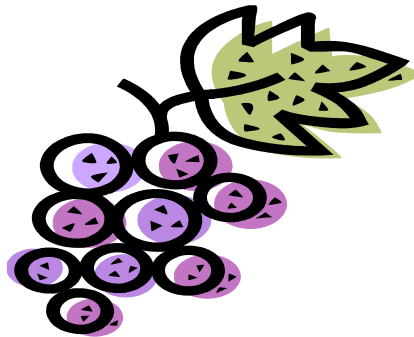
City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Group Name: _____ City: _____

District/Zone: _____

Name of past GvR: _____



Please mail or fax to:

G.S.S.A.

P.O. Box 7325

Macon, GA 31209

Phone: 478-745-2588

Fax: 478-745-0238