Vegetarian Society of Georgia Membership Form

Yes! I want to join the Vegetarian Society of Georgia and be part of a healthy and humane community that supports and educates others.

(Please print)
Name _____

Address _____

City/State/ZIP_____

Phone ______

Individual: \$15 Family: \$35 Student/Senior Citizen: \$10

Please make checks payable to Vegetarian Society of Georgia and mail to:

VSG P.O. Box 56174 Atlanta, GA 30343

Thank you! For more information, contact us at info@vegsocietyofga.org