### Gwinnett Alliance for

### Gifted Education

**Membership Form**  
(Please print clearly)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Children in Gwinnett Gifted Program

Name School Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Family Members:**

Check one:

\_\_\_\_\_ Family ……………………………………………………….……..$25 annually

\_\_\_\_\_ Sponsor…………………………………………………….………$50 annually

\_\_\_\_\_ Patron……………………………………………………………....$75 annually

\_\_\_\_\_ Benefactor……………………………………………………...$100 annually

**Gwinnett County Teacher/Administrator Membership:** $20 annually

Check those that apply: \_\_\_\_\_\_\_ Gifted Program Teacher \_\_\_\_\_ Cluster Teacher \_\_\_\_\_\_\_ Administrator \_\_\_\_\_ Other: \_\_\_\_\_\_\_

\_\_\_\_\_ Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ High School

**All contributions are tax deductible  
as allowable by law.**

Make checks payable to:

##### Gwinnett Alliance for Gifted Education

Return your check and membership form to your child’s gifted program teacher

Or

Mail it directly to **GAGE** P.O. Box 490653 Lawrenceville, GA 30049