### 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