

# Membership Application

(Continued)

## I AM INTERESTED IN VOLUNTEERING IN THESE AREA(S):

- |   |   |
|---|---|
| <input type="checkbox"/> Advocacy/Legislative | <input type="checkbox"/> Conference               |
| <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Membership               |
| <input type="checkbox"/> Publications         | <input type="checkbox"/> Parent Outreach          |
| <input type="checkbox"/> Regional Events      | <input type="checkbox"/> Marketing                |
| <input type="checkbox"/> Technology           | <input type="checkbox"/> Professional Development |

## MEMBER TYPE:

- |  |  |
|--|--|
| <input type="checkbox"/> 1-Year (\$35)                 |  |
| <input type="checkbox"/> 3-Year (\$90)                 |  |
| <input type="checkbox"/> Lifetime (\$275)              |  |
| - includes a listing in the annual conference program) |  |

*Memberships are not transferable or refundable.*

- |  |  |
|--|--|
| <input type="checkbox"/> Parent Membership for National Association for Gifted Children (NAGC) - includes nonvoting membership and forum issues of Parenting for High Potential (\$16) |  |
| <i>* Available for a new first time membership only. Not valid for renewal memberships.</i>  |  |

**TOTAL ▶**

Please mail your check (payable to PAGE, Inc.) to:

PAGE, Inc.  
PO Box 452  
Natrona Heights, PA 15065

or join online

[www.giftedPAGE.org](http://www.giftedPAGE.org)



PENNSYLVANIA ASSOCIATION  
FOR GIFTED EDUCATION

Empowering educators and parents to meet the diverse needs of gifted learners through awareness, advocacy, and action.

Advocating for gifted students since 1952.



[www.giftedPAGE.org](http://www.giftedPAGE.org)

Parents  
Teachers  
Students  
Administrators

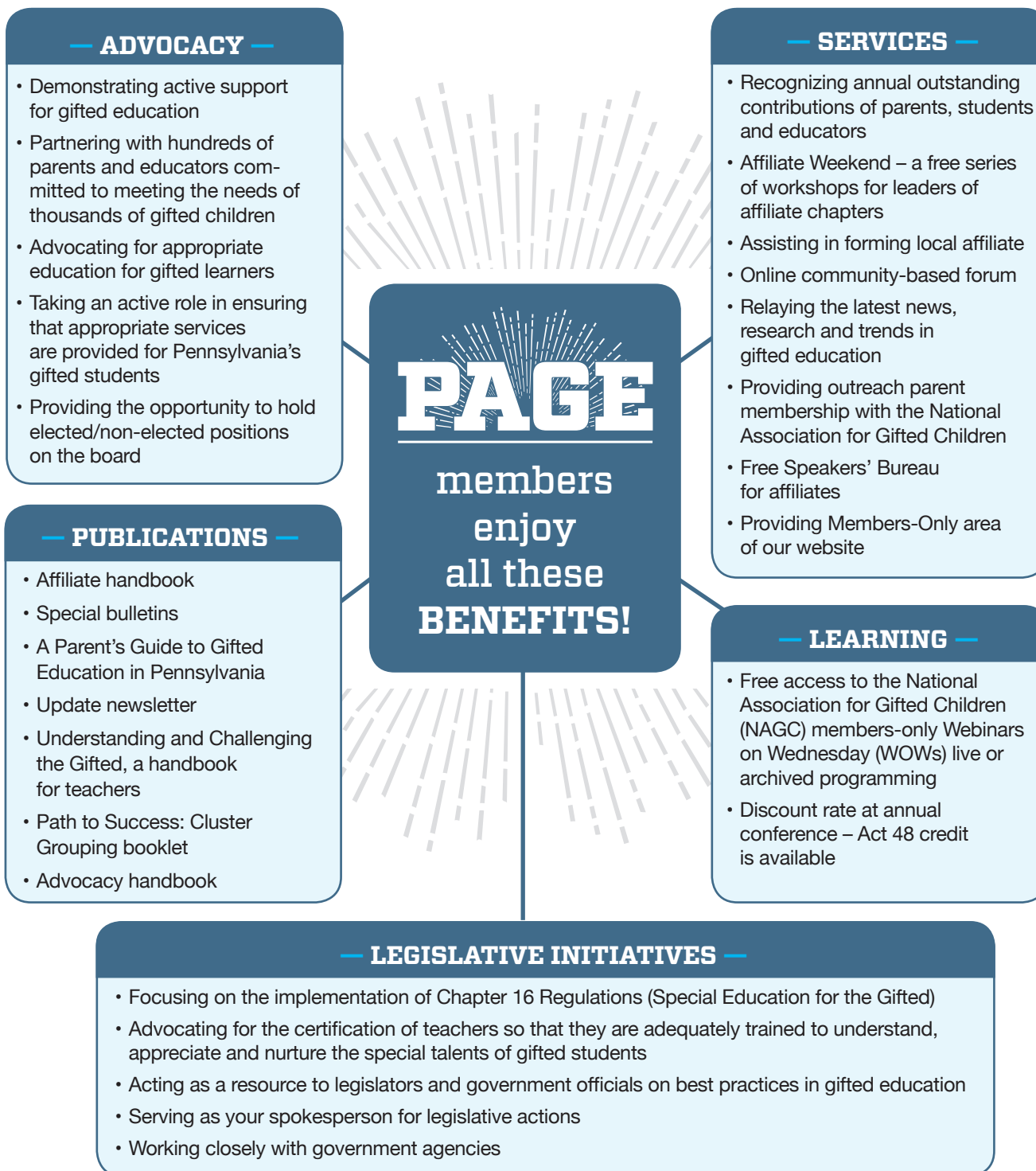
PAGE, Inc.  
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## Membership Application

Please complete both sides of the application.  
Prepare a separate application form for each member.



**NAME ON MEMBERSHIP:**

**ADDRESS:**

**COUNTY:**

**PHONE:**

**E-MAIL:** *(Required for access to our online member area)*

**RESIDENT SCHOOL DISTRICT:**

**EDUCATOR'S DISTRICT OF EMPLOYMENT:**

**ARE YOU AN AFFILIATE CHAPTER MEMBER?**

Yes  No

**IF YES, WHAT CHAPTER?**

*(Local affiliate dues are additional to this amount and should be made payable to your local affiliate chapter.)*

Check here to receive information on starting a local chapter

**I AM A...** : *(Check all that apply)*

Parent  Administrator  
 Classroom Teacher  Teacher of Gifted/  
 Psychologist Program Coordinator  
 Other \_\_\_\_\_