



Georgia Association for Gifted Children

Membership Application

Date:

Check One: New Renewal Lapsed

Name: _____

Address: _____

Apt #

City

State

Zip Code

Telephone: _____

E-mail: _____

Check Desired Membership Category:

Individual/Family, \$25 annually

3 Year Individual/Family, \$50

5 year, Individual/Family, \$100

Sponsor, \$75 annually

Educational Institution, \$100 annually

Corporate, \$200 annually

All contributions are tax deductible. Make check payable to “GAGC”; mail to:

**GAGC
1579 Monroe Drive, #321
Atlanta, GA 30324**