



GEORGIA ASSOCIATION FOR GIFTED CHILDREN

Date: _____

Check One: _____ New _____ Renewal _____ Lapsed

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

(will be used for membership log-in)

Membership Category:

_____ Individual / Family, \$25 annually

_____ 3 Year Individual / Family, \$50

_____ 5 Year Individual / Family, \$80

_____ Sponsor \$75 annually

_____ Educational Institutional Membership \$100 annually
(includes 5 individual memberships)

_____ Corporate Membership \$200 annually

_____ Lifetime Membership \$300

All contributions are tax deductible. Please make checks payable to: GAGC.

Georgia Association for Gifted Children (GAGC)
P.O. Box 1560
Chatsworth, GA 30705