Membership Form - 2005

Name: _____ Date_____ __Renewal __New

Phone: (W)_____(H)_____ Referred by_____

Address: _____

City/State/Zip: _____

School _____Grade _____County: _____

___Public ___Private ___Independent ___Home School ___Religious ___Montessori

If more than one child in the gifted education program continue on the back of this form.

EMAIL:_____

____ Teacher ____ Student ____ Parent ____ Principal
____ Professor ____ Administrator ____ Counselor Other _____

Please check areas below in which you'd be willing to volunteer.
__ Parent Advocacy __ Legislative __ Events __Prof. Development
__ Biennial Conference __ Membership __ Publicity __ Newsletter

Membership:
Make checks payable to: Mail to: **P.O. Box 18085 • Reno, NV 89511**
Nevada Gifted & Talented

__ 1 year Individual $24.00

__ 1 year Student $12.00

__ 1 year School $60.00
(includes principal newsletter)

__ 1 year Corporate $120.00
(includes special recognition)

___1 year with PCS Subscription $65

Method Of Payment:
____CASH ____ CHECK # _____ _____ Purchase Order # _____

NevadaGT is an Affiliate of the National Association of Gifted Children www.NAGC.org

Thank you for supporting our children!

www.nevadagt.org
775-852-5019 phone · 775-852-5021 fax
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