



**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/  
5 Individual Memberships Numbers**

**Corporate, \$200 annually**

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

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