



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