



Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone - Work: _____ Phone - Home: _____

Phone-Fax: _____ County: _____

E-mail: _____ District: _____

Referred by: _____ School: _____

Choose one:

- I am applying for a new membership.
- I wish to renew my membership # _____

Select membership option:

International Addresses ~ Add \$15 per year to each category

	One Year	Two Year
Individual	<input type="checkbox"/> \$75	<input type="checkbox"/> \$140
Family	<input type="checkbox"/> \$85	<input type="checkbox"/> \$160
Institutional	<input type="checkbox"/> \$100	<input type="checkbox"/> \$190
Life	<input type="checkbox"/> \$1000	
Limited Income	<input type="checkbox"/> \$25	
Credential Program Student	<input type="checkbox"/> \$50	
Credential Advisor's Signature: _____		
Subscriber	<input type="checkbox"/> \$45	<input type="checkbox"/> \$90

Check all that apply:

- Administrator
- GATE Coordinator
- Teacher
- Consultant
- Parent
- Counselor/Psychologist
- Grandparent
- School Board Member

Special skills/interests:

- Advocacy
- Math
- Art/Music
- Science
- Language Arts
- Technology

CAG is active in lobbying efforts to promote appropriate education for gifted and talented students and assigns \$5.00 of each membership to CAG/PAC, CAG's Political Action Committee. Dues payments are not tax deductible as charitable contributions for federal income tax purposes.

California Foundation for Gifted Education was formed in July of 2006 to make a positive difference in the lives of gifted children and youth by generating funds to support research and development, scholarships, and gifted education projects. Please consider making a tax-deductible donation.

- I also wish to make a tax-deductible contribution in the amount of \$_____ to the California Foundation for Gifted Education.

Payment method:

Personal or District Check # _____

Purchase Order # _____

(Copy of purchase order must be attached.)

Credit Card Payment: Visa MC American Express

Card number: _____ Expiration date: _____

Name on credit card: _____ Security Code _____

Signature: _____

Mail completed form to CAG Membership, 9278 Madison Avenue, Orangevale, CA 95662 or fax it to 916-988-5999. Payment must accompany membership application. Questions? Call 916-988-3999.