



# Membership Application

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone - Work: \_\_\_\_\_ Phone - Home: \_\_\_\_\_  
 Phone-Fax: \_\_\_\_\_ County: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ District: \_\_\_\_\_

### 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

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

### Special skills/interests:

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