



Application for TAGT Parent Group Membership Renewal

I. Name of Organization: _____

Primary Contact Person: _____

Organization Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

E-Mail: _____ Website: _____

Local School District(s) Served by the Organization: _____

Date of Application: _____ Education Service Center Region: _____

II. List of Current Officers *(if officers have not yet been elected, please provide the name, address, phone number and e-mail of other organizers beside the one listed above.)*

President: _____ E-Mail: _____

Home Phone: ____/____/____ Work Phone: ____/____/____ Fax: ____/____/____

Street Address _____ City _____ State _____ Zip _____

Vice-President: _____ E-Mail: _____

Home Phone: ____/____/____ Work Phone: ____/____/____ Fax: ____/____/____

Street Address _____ City _____ State _____ Zip _____

Secretary: _____ E-Mail: _____

Home Phone: ____/____/____ Work Phone: ____/____/____ Fax: ____/____/____

Street Address _____ City _____ State _____ Zip _____

Treasurer: _____ E-Mail: _____

Home Phone: ____/____/____ Work Phone: ____/____/____ Fax: ____/____/____

Street Address _____ City _____ State _____ Zip _____

III. Attach the bylaws of your organization, if applicable.

IV. Send a spreadsheet members' contact information and e-mail addresses to asstdir@txgifted.org.

V. Please outline the local activities that your organization does in support of gifted and talented students and/or the education of the gifted.

VI. What can TAGT do to help you meet the needs of your organization and gifted children in your area?

VII. Are there individuals in your organization with expertise on gifted and talented issues who would be willing to be listed as resource contacts for other affiliates?

<u>Area of Expertise</u>	<u>Name</u>	<u>Address/Telephone Number</u>

Please complete the form below with payment of \$59 annual Parent Affiliate dues:

METHOD OF PAYMENT: Check/Money Order # _____ Credit Card (Complete section below)
Please attach check or money order to this application.

CREDIT CARD PAYMENTS: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER _____ EXP. DATE _____

CARD HOLDER NAME (PRINT) _____

SIGNATURE _____

CARDHOLDER BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

Return completed form and payment to:
Texas Association for the Gifted and Talented
P O Box 1918
San Antonio, TX 78297
Fax: 512-499-8264