**Montana AGATE**

**Membership Form**

\*\* Please print neatly! Thank you \*\*

Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mark the group with whom you most identify:

 🞎 Classroom Teacher 🞎 Administrator 🞎 Counselor

 🞎 GT Specialist 🞎 College Student 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am a parent of a gifted child(ren): 🞎 Yes

I am paying 🞎 $25 for just a Montana AGATE annual membership

 🞎 $40 for both AGATE and National Association for Gifted Children parent membership

 *(50% off NAGC membership - offer expires 9/15/12)*

**Mail membership form and your check to:** Montana AGATE

 c/o Barbara Geller

 610 Hunters Way

 Bozeman MT 59718-6999

*Once we receive your membership dues, we’ll make sure you receive our quarterly newsletters and other email updates.*

*Your membership dues help us fund:*

* *Mini-grants for teachers*
* *Summer enrichment scholarships for students*
* *Meetings with our legislators to discuss gifted education funding*
* *Annual conference for educators and parents*
* *Fee waivers to encourage school superintendents and school board members attend our annual conference*