



# Texas Association for the Gifted and Talented Group Membership Application

Please Print:

District/Business \_\_\_\_\_ Contact Person \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

	Last Name, First Name	Mailing Address (Preferred)	Email* (Preferred)	Phone	Fee
1					\$55
2					\$55
3					\$55
4					\$55
5					\$55
6					\$55
7					\$55
8					\$55
9					\$55
10					FREE

Total Amount \$ \_\_\_\_\_

\*Email addresses will be used to login to access resources online and make purchases, and the default password is "TAGT" plus first and last initial. We use email as a primary means of communication and will not share email addresses. Make sure email addresses are able to receive messages from txgifted.org. Members are encouraged to login to their record to fill in additional information not provided on this form.

Amount to be paid \$ \_\_\_\_\_ (Include amount on all pages if more than 10)

Method of Payment  Credit Card (see below) Check# \_\_\_\_\_ Purchase Order# \_\_\_\_\_

Credit Card (check one):  Visa  MasterCard  Discover  American Express

Acct # \_\_\_\_\_ CVV# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please return completed form with payment to:  
Texas Association for the Gifted and Talented, P O Box 1918, San Antonio, TX 78297, or by fax: (512) 499-8264



# Texas Association for the Gifted and Talented Group Membership Application

	Last Name, First Name	Mailing Address (Preferred)	Email* (Preferred)	Phone	Fee
11					\$55
12					\$55
13					\$55
14					\$55
15					\$55
16					\$55
17					\$55
18					\$55
19					\$55
20					FREE
21					\$55
22					\$55
23					\$55
24					\$55
25					\$55
26					\$55
27					\$55
28					\$55
29					\$55
30					FREE

Total Amount \$ \_\_\_\_\_