



Application for TAGT Parent Group Membership

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.

IV. If possible, send a spreadsheet of your 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. In what ways might TAGT help meet the needs of your organization?

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 _____

CSC CODE (LAST THREE OR FOUR NUMBERS ON THE BACK OF THE CARD) _____

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**