



Texas Association for the Gifted and Talented Membership Application

connecting and empowering educators and parents to meet the unique needs of gifted and talented individuals through awareness, advocacy and action

Please Print:

Name _____

Address _____ City _____ State _____ Zip _____

Email* (required) _____

Home Phone (_____) _____ Work Phone (_____) _____

Parent Group member? Yes No If yes, group name _____

School District (or School) _____ TEA Region _____

Have you been a member of TAGT before? Yes No Referred by _____

Demographic Information:

Year Born _____ Gender M F Are you of Latino or Hispanic origin? Yes No

Race** (Check all that apply) American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other Race

Professional/Advocate ----- **\$55**

Ideal for active professional educators and supporters of G/T

- Discount on Professional Development Conferences
- Tempo Quarterly Journal and Pulse Monthly E-Newsletter
- Email updates on TAGT awareness, advocacy and action

Employer _____

Job Title _____

Subject Area _____

Grade Level(s) _____

MEMBERSHIP DUES \$ _____

DIVISION DUES (optional) \$ _____

- \$10 G/T Coordinators
- \$10 Research & Development
- \$10 Dual Language/Multicultural
- \$10 Parent Division

SCHOLARSHIP DONATION \$ _____

TOTAL DUE \$ _____

Lifetime Professional ----- **\$500**

Ideal for those making a career-long commitment to gifted education

- All the benefits of Professional/Advocate for a lifetime

Parent/Collegian ----- **\$25**

Ideal for parents, G/T alumni, university students and retired educators

- Tempo Quarterly Journal and Pulse Monthly E-Newsletter
- Email updates on TAGT awareness, advocacy and action

MEMBERSHIP DUES \$ _____

DIVISION DUES (optional) \$ _____

- \$10 Parent Division

SCHOLARSHIP DONATION \$ _____

TOTAL DUE \$ _____

Method of Payment:	<input type="checkbox"/> Credit Card (below)	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Purchase Order # _____
Card Number	_____	Exp. Date	_____ CWV# _____
Card Holder Name	_____		
Address	_____		
City, State, Zip	_____		
Signature	_____		

Please return completed form with payment to:

Texas Association for the Gifted and Talented, PO Box 1918, San Antonio, TX 78297 or by fax: (512) 499-8264
Memberships are non-transferable and non-refundable, and remain inactive until paid in full.

*Your email address will be your login to make purchases online, and the default password is "TAGT" plus first and last initial. We use email as a primary means of communication, and will not share your email address. Make sure your email account is able to receive messages from txgifted.org. **TAGT uses racial and ethnic classifications as set by the U.S. Census Bureau.