



NATIONAL ASSOCIATION FOR Gifted Children

1331 H Street, NW Suite 1001
Washington, DC 20005
202/785-4268 • www.nagc.org

Membership Application

Join Online at www.nagc.org

Name _____

Title _____

Institution/Organization _____

Home or Work

Address _____

City/State/Zip _____

Phone _____ (h) _____ (w)

E-mail _____

Referred by _____

New Renewal (# _____)

What is your **primary** role in gifted education? (choose one)

- PK-12 Teacher
- Gifted Education Coordinator
- Principal
- PK-12 System Administrator/School Board Member
- Parent/Caregiver
- College/University Faculty Member or Student
- Counselor/Psychologist/Psychiatrist
- Consultant/Resource Partner
- Other _____

1. Choose your Membership Category

Memberships

Professional Membership **\$119**
*Includes Our Gifted Child Quarterly, Parenting for High Potential, and Teaching for High Potential - Voting member One year *Our Premier Membership*

Student Membership **\$59**
includes Gifted Child Quarterly and Teaching for High Potential - Non-voting member One year

Parent Membership **\$59**
includes Parenting for High Potential and Teaching for High Potential - Non-voting member One year

Lifetime Membership **\$1,500**
includes all publications and voting rights

Please note that membership benefits have changed. Professional Members receive all three publications and both Student and Parent Members receive two publications.

Subtotal _____

2. Select Up to 3 Networks with your Membership

Need more info on NAGC Networks? Visit www.nagc.org/networks

- | | | |
|---|---|---|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Research & Evaluation |
| <input type="checkbox"/> Computers & Technology | <input type="checkbox"/> GLBTQ | <input type="checkbox"/> STEM |
| <input type="checkbox"/> Conceptual Foundations | <input type="checkbox"/> Global Awareness | <input type="checkbox"/> Social & Emotional Development |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Parent & Community | <input type="checkbox"/> Special Populations |
| <input type="checkbox"/> Curriculum Studies | <input type="checkbox"/> Professional Development | <input type="checkbox"/> Special Schools & Programs |

Continue ➤



3. More About You

● Year of Birth

- After 2000
- 1990-2000
- 1980-1989
- 1970-1979
- 1960-1969
- 1950-1959
- 1940-1949
- Before 1940

● Gender

- Female
- Male
- Other: _____

● Race-Ethnicity

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black, not of Hispanic origin
- Hispanic
- White, not of Hispanic origin

NAGC has a commitment to diversity.

We will use the information above to help us evaluate our progress in serving a diverse audience.

4. Consider a Donation (optional)

Please consider a donation to assist in NAGC's efforts to increase awareness of the needs of high-ability learners. NAGC is a 501(c) (3) non-profit organization. Your donation to NAGC is tax deductible to the extent the law allows.

Donation _____

Payment

Payment Method:

- Mastercard Visa AMEX Discover
- Check (*payable to NAGC*) Purchase Order # _____ (*attach original PO*)

Signature _____

Name on Card _____

Card Number _____

Exp _____ Card Verification Code _____ Billing Zip Code _____

I do not wish to have my name used for other mailing lists.

Payment Calculation

Membership \$ _____

Donation \$ _____

Total \$ _____



Online
www.nagc.org



Mail
National Association for
Gifted Children
1331 H Street, NW Suite 1001
Washington, DC 20005



Fax
202/785-4248

Your colleagues and friends could benefit from NAGC membership!
Please share this application.