



Join Online at www.nagc.org

Name _____
 Position _____
 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?
Select up to two:

- | | |
|---|---|
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Gifted Education Coordinator | <input type="checkbox"/> Assistant Superintendent |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Faculty |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Student |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Parent |
| | <input type="checkbox"/> Resource Partner |

1. Membership Category/Annual Dues

Individual One-Year Membership \$99 U.S.
 Choose * *Gifted Child Quarterly* **OR** *Parenting for High Potential*
Add \$10 for Canadian or Foreign Membership

Individual One-Year Membership \$119 U.S. (2 publications)
Gifted Child Quarterly AND Parenting for High Potential
Add \$15 for Canadian or Foreign Membership

Individual Two-Year Membership \$193 U.S.
 Choose * *Gifted Child Quarterly* **OR** *Parenting for High Potential*
Add \$20 for Canadian or Foreign Membership

Individual Two-Year Membership \$213 U.S. (2 publications)
Gifted Child Quarterly AND Parenting for High Potential
Add \$27 for Canadian or Foreign Membership

Graduate Student Membership \$59 U.S. Name of School _____
 includes *Gifted Child Quarterly* only - Non-voting member Graduate Advisors Signature _____

Associate Parent Membership \$30 U.S.
 includes *Parenting for High Potential* only - Non-voting member - Restricted to parents and grandparents
 includes **Parent & Community Network Membership**

Lifetime Membership \$1000 U.S.
 includes *Gifted Child Quarterly* and *Parenting for High Potential*

* If no box is checked indicating publication preference, you will receive GCQ only.

Details on Membership Categories and Benefits at
www.nagc.org/membershipcategories.aspx

If you wish to join for a three-year term, please apply online, or call NAGC.

Subtotal _____

2. Network Selection

Individual, Graduate, or Lifetime Members - Choose 3

NETWORKS: Effective September 2010, each Individual, Graduate Student, and Lifetime Member may select up to three (3) NAGC Networks as part of their annual membership. **Want to join more than three? For an additional \$25 annual fee you get all-Network access.**

- | | | |
|---|---|---|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Curriculum Studies | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Computers & Technology | <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Research & Evaluation |
| <input type="checkbox"/> Conceptual Foundations | <input type="checkbox"/> Global Awareness | <input type="checkbox"/> Special Populations |
| <input type="checkbox"/> Counseling & Guidance | <input type="checkbox"/> Middle Grades | <input type="checkbox"/> Special Schools/Programs |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Parent & Community | <input type="checkbox"/> STEM (Science, Technology, Engineering & Math) |

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

All Networks \$25 _____

3. Donation

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

Donation (optional) _____

9/2011

Payment

Payment Method:

- Check Mastercard Visa AMEX Discover
 Made payable to NAGC

Signature _____

Name on Card _____

Card Number _____

Exp _____ CID _____ Billing Zip Code _____

I do not wish to have my name used for other mailing lists. NAGC never shares phone or e-mail information.

Payment Calculation

1) Membership \$ _____

2) Network Total \$ _____

3) Donation \$ _____

Total _____