

# NCAGT MEMBERSHIP APPLICATION

We're Making a Difference, Won't You Join Us?

Those who join the **North Carolina Association for the Gifted and Talented (NCAGT)** are committed to helping our organization fulfill established goals. These individuals also seek the opportunity to network and collaborate with others with similar passions and concerns regarding gifted students. Through its members, the NCAGT is able to

1. Increase public knowledge about the nature and needs of the academically/intellectually gifted,
2. Assess public policy and work to establish and maintain those policies that benefit the education of the gifted,
3. Increase collaborative efforts between stakeholders in gifted education,
4. Examine "best practices" revealed in current research and increase the relevancy and utilization of these practices to guide implementation of gifted programs,
5. Support personnel preparation and professional growth among those working with gifted students, and
6. Encourage action research and other initiatives that benefit gifted students.

Why not consider a **School Sponsored Membership** for \$100?

Any school within a school district is eligible. The School Sponsored Membership includes FOUR individual memberships within a single school (1 administrator and 3 teachers). Benefits include receipt of the Association's newsletter, voting privileges, and the right to hold office (for the above four designees). In addition, ALL teachers and staff within the member school are eligible to receive membership rates for the annual conference.

Date:   New  Renewal

Name:

If school or corporate membership, name of entity:

Street Address:

City:  State:  Zip:

Home Phone:  Work Phone:

E-Mail:

School System:  County:

## Were you asked by a member of NCAGT to join?

Yes  No

If yes, list the name of the person who asked you to join.

Sponsor:

## Please check those items which apply to you

- |   |  |
|---|--|
| <input type="checkbox"/> AIG Teacher          | <input type="checkbox"/> Program Coordinator |
| <input type="checkbox"/> Reg. Teacher         | <input type="checkbox"/> Counselor           |
| <input type="checkbox"/> Parent               | <input type="checkbox"/> Student             |
| <input type="checkbox"/> School Administrator | <input type="checkbox"/> Other _____         |

## Type of Membership

- |  |   |
|--|---|
| <input type="checkbox"/> Individual \$30 | <input type="checkbox"/> School Sponsored \$100 |
| <input type="checkbox"/> Corporate \$100 | <input type="checkbox"/> Lifetime \$250         |

Amount Enclosed:

Method of Payment:

Check (Payable to NCAGT)  Visa  Mastercard

Card Number:

Expiration Date:

Security code on back of card:

Name on card:

Signature of Cardholder:

Mail completed form and payment to:

**NCAGT Membership**

PO Box 899 • Swansboro, NC 28584-0899

Questions? Call **(910) 326-8463** or e-mail [ncagt@ncagt.org](mailto:ncagt@ncagt.org)

Membership is effective for one year from the month you join. Contributions or gifts to NCAGT are not deductible as charitable contributions for federal income tax purposes. However, 98% of all dues payments are deductible as an ordinary and necessary business expense.