

# New Hampshire Association for Gifted Education

## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ This is  home  work  mobile

E-mail\*: \_\_\_\_\_

\* Providing us with your e-mail address ensures that you will receive our quarterly e-newsletter.

I am a (please check all that apply):

Parent/Grandparent

Educator

Teacher

Administrator

Other \_\_\_\_\_

Please enclose your \$35.00 membership fee and mail to:

P.O. Box 10432  
Bedford, NH 03110

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Yes, I would like to take advantage of the special offer of a parent membership to NAGC for only \$15.00 (Regularly \$30) available when I initiate or renew my NHAGE membership. I have enclosed an additional check in the amount of \$15.00 made out to NAGC.

No thanks I do not wish to become a parent member of NAGC at this time.