



Creating a bright future.

AAGT Membership Application

Fields marked with * are required.

*First Name: Middle Initial: *Last Name: Other name (if Family Membership):

*Street Address: *City: *State: *Zip Code:

County (if you live in Arizona): If teacher, School where you teach: School District:

School district(s) in which you reside: US Congressional District in which you reside: Arizona State Legislative District in which you reside:

Home Phone Number: Cell Phone Number: Work Phone Number: Fax Number:

*Preferred eMail Address: Alternate eMail Address:

Select all that apply:

<input type="checkbox"/> Elementary Teacher	<input type="checkbox"/> Gifted Teacher	<input type="checkbox"/> Gifted Coordinator	Special Skills/Interests:
<input type="checkbox"/> Middle School Teacher	<input type="checkbox"/> High School Teacher	<input type="checkbox"/> Administrator	
<input type="checkbox"/> School Board Member	<input type="checkbox"/> Higher Ed. Staff	<input type="checkbox"/> Special Ed. Teacher	
<input type="checkbox"/> Legislator	<input type="checkbox"/> Psychologist (or other mental health professional)		
<input type="checkbox"/> Parent	<input type="checkbox"/> Media Specialist	<input type="checkbox"/> Speaker	
<input type="checkbox"/> School Counselor	<input type="checkbox"/> Other: <input type="text"/>		

Advocacy Art

Music/Dance Language Arts

History Math

Science Technology

Other:

Affiliate Chapter:

Volunteer Interest: Membership/Communication Education Governance

New Renewal

Choose the Membership package for which you are applying:

- Individual - \$25.00
- Student (College) - \$15.00
- Family (two adults) - \$30.00
- Lifetime Member - \$250.00

The AAGT mailing address is:
Arizona Association for Gifted and Talented
P. O. Box 31088
Phoenix, AZ 85046-1088

For Office Use: Check Rec'd \$ _____ Ck# _____ Cash Received: \$ _____ Initials _____
