

## Minnesota Council for the Gifted and Talented Membership Application

Names \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ School \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ District(s) \_\_\_\_\_  
MCGT Chapter \_\_\_\_\_  
Occupations and Employers \_\_\_\_\_  
Telephones: Home \_\_\_\_\_ Work Parent 1 \_\_\_\_\_ Work Parent 2 \_\_\_\_\_  
e-mail address \_\_\_\_\_  
Children's Grade Level: Preschool \_\_\_\_\_ Elementary \_\_\_\_\_ Jr. High/Middle Sch. \_\_\_\_\_ Sr. High \_\_\_\_\_

### Type of Annual Membership

Regular/Family \$35.00  
 Contributing \$50.00  
 Supporting \$100.00

### Check as many as apply

- Parent
- Professional
- New Member
- Renewal
- Changed address or phone

**Donation:** I am also including a tax-deductible contribution in the amount of \$\_\_\_\_\_ because I agree that MCGT should continue to maintain and strengthen its role as an advocate and resource for children with above average potential and those who live and work with them.

Will your employer(s) match your contribution?  
 Yes  No  Don't know

I would like to be affiliated with my local chapter  
\_\_\_\_\_

I would like to join an extra chapter (add \$16 for each additional chapter) \_\_\_\_\_

I would like to volunteer my time and skills.

### Return to:

Minnesota Council for the Gifted and Talented  
Membership Chair  
5701 Normandale Rd., Rm 315  
Minneapolis, MN 55424