PARENTS & ADVOCATES FOR GIFTED EDUCATION

2011-2012 Membership Application

Mail Completed Applications (w/Check or MO) to:
Advanced Academic Studies
901 Yorkchester, Houston, Texas 77079

Membership Type: _ Family ($10) _ Patron ($25) _ Teacher (free) _ Administrator (free)

Name(s): _____

Address: _____

City: _____ Zip: _____

Phone: ( ) _____ Cell: _____

Email Address(es): _____

Student(s) (n/a if teacher or administrator):

Name:_____ Grade: _____ Campus: _____

Name:_____ Grade: _____ Campus: _____

Name:_____ Grade: _____ Campus: _____

Please check all areas you would be interested in helping with:

____ Campus Liaison

____ Membership Committee

____ Fundraising Committee

____ Programs Committee

____ Communications Committee

____ Legislation Committee

I authorize inclusion in the PAGE membership listing and directory.

Signature: _____

For Internal use only:

_ Cash _Check # _____ Date Joined/Renewed: _____ Amount: _____