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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 Administrator

Name(s): _____

Address: _____

City: _____ Zip: _____

Phone: () _____ Cell: _____

Email Address(es): _____

Student(s):

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.

Parent Signature: _____

For Internal use only:

Cash Check # _____

Date Joined/Renewed: _____

Amount: _____

