

# GAM Membership Application

Yes, I want to become a GAM member!

- I am a new member
- I am renewing my membership

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School District \_\_\_\_\_

County \_\_\_\_\_ GAM District \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone Numbers:

Home (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

**Please check appropriate box:**

- Individual .....\$30
- Institution .....\$100
- Lifetime (one-time payment).....\$500

**Please check all that apply:**

- Gifted Education Teacher
- Classroom Teacher
- Administrator
- Parent/Grandparent
- Other \_\_\_\_\_

**Mail to: Gifted Association of Missouri  
PO Box 3252 Springfield, MO 65808**