

GAM Membership Application

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

Name _____

Address _____

City _____ State _____ Zip _____

School District _____

County _____ GAM District _____

E-mail address _____

Telephone Numbers:

Home (_____) _____ Work (_____) _____

Please check appropriate box:

- Parent/Guardian/Grandparent..... \$15
- Educator/Individual\$25
- Patron/Institutions\$55
- Sponsor\$105

I am a (n): (Please check all that apply)

- Teacher of Gifted Education
____ Elem. ____ MS ____ HS ____ Admin.
- Teacher in the Regular Classroom
____ Elem. ____ MS ____ HS ____ Admin.
- Parent
- Other _____

Scan and email to mburs10@hotmail.com

Mail Check to: Gifted Association of Missouri
P.O. Box 3252
Springfield, MO 65808