

ANNUAL ADULT MEMBERSHIP APPLICATION & DONATION

School Year of 20____ - 20____

One form per parent/guardian

DATE: _____

*AMOUNT DONATED: _____

Suggested donation of \$10/family

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS FOR E-RECEIPT: _____

TALENT SURVEY:

1. My hobbies are: _____
2. My job, business, or profession would be of interest to academically gifted students:

3. I am a parent and my gifted child(ren) attend(s): _____

4. I am an educator/administrator and work at (school, grade, subject):

5. My experience in gifted education/advocacy is: _____

6. I can help/have interest in these areas:
 - Publicity Science
 - Technology Mathematics
 - Reading History
 - Writing Planning Activities
 - School Representative
 - Serving on a Committee
 - Other: _____
7. I would like to know more about:
 - The characteristics of giftedness ... i.e. -
 - Asynchronous Development
 - Intensities
 - Underachievement / Perfectionism
 - Other: _____
 - Networking to help my child(ren) find true peers
 - The state of Gifted Education in the Nation/State/District (K-6)(7-8)(9-12)
 - Extra-curricular programs for gifted children
 - How to develop a team approach with parent/student/educators
 - Other: _____

Your cooperation and help are greatly appreciated! Please send completed form and donation to the GSG mailing address:

Gilbert Supporters of the Gifted
c/o GPS Gifted Coordinator
140 South Gilbert Rd.
Gilbert, AZ 85296

**Gilbert Supporters of the Gifted is an informal non-profit organization and donations are not tax deductible.*