

## **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: \_\_\_\_\_

GAM districts are divided by the county you live in, please provide your

county: \_\_\_\_\_ GAM District: \_\_\_\_\_

Email 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  
P.O. Box 181  
St. Joseph, MO 64502**