MEMBERSHIP FORM

Membership benefits include:

- Reduced prices to events sponsored by MAGE
- Support and advice from our Liaison
- Reduced price on National Association for Gifted Children (NAGC) membership
- Networking opportunities with other GT families and educators
- Free access for your child to the personalized learning platform by Renzulli Learning, especially designed for Gifted and Talented students
- Relevant Service Providers Directory
- Member Directory

You can also join online at www.massgifted.org/membership-form We accept PayPal.

Please select a membership level

- Family Membership- $40.00 (USD) Bundle --Please add required fields for 2nd member
  One-year membership in the Massachusetts Association for Gifted Education for 2 adults

- Individual Membership - $30.00 (USD)
  One-year membership in the Massachusetts Association for Gifted Education

- Educator Membership – $25.00 (USD)
  One-year membership in the Massachusetts Association for Gifted Education

- Organizational Membership - $100.00 (USD) Bundle
  (up to 6 members, add members on pages 3 and 4)
  One-year organizational membership includes up to 6 individual memberships & recognition on our website

Required fields: PLEASE PRINT

Name ________________________________________________________________

Email _____________________________________________________________ Phone ________________________________

School or Business Affiliation if any ______________________________________

Address ____________________________________________________________

City________________________________________________State_______Zip Code ____________
I am a: (Please select all that apply)
- Parent or Grandparent
- Teacher (K-12)
- Teacher (Higher Ed)
- Coordinator of a Gifted Program
- School Administrator
- School Board Member
- Medical Professional (including doctor, counselor, psychologist)
- Consultant
- Other ________________________________

I can support gifted education by:
- Hosting an Event at My School or Workplace
- Serving in a Leadership Role
- Advocacy / Legislative Team
- Board of Directors
- Parent Network
- Teacher Network
- Provide Services (i.e. consulting, advocacy, tutoring, etc.) through our MAGE Services Network
  Specify services you are qualified to provide: ________________________________
- Other (please specify) ________________________________
- Presenting at a Program for Professionals on:
  - Gifted Education
  - Psychology & Mental Health
  - Testing & Identification
  - Twice-Exceptional
  - Other (please specify) ________________________________

2nd Family Member or Organizational Member

Name__________________________________________________________

Email______________________________________________________ Phone ____________________________

School or Business Affiliation if any ______________________________

Address ______________________________________________________

City________________________________________________________ State ______ Zip Code ____________

I am a: (Please select all that apply)
- Parent or Grandparent
- Teacher (K-12)
- Teacher (Higher Ed)
- Coordinator of a Gifted Program
- School Administrator
- School Board Member
- Medical Professional (including doctor, counselor, psychologist)
- Consultant
- Other ________________________________
Comments, questions, or other information

Make Checks PAYABLE to: MAGE

MAIL TO:
Carol Lach, Membership Chair
% MAGE
33 Sloane Drive
Framingham, MA 01701

Questions? Contact Carol at ACEed2013@gmail.com

Last updated: 2/4/20