

Official Membership Application Form

Please check the membership option you are applying for:

Sponsor \$25

School \$50 (*building level only*)

College/University Student \$5 (*please include a photocopy of your current Student ID*)

Please complete this application form and mail, along with a check payable to SAGE, to:

SAGE Membership
P.O. Box 270333
St. Louis, Missouri 63127

Name(s): _____

School/District: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Email Address (1): _____

Email Address (2): _____

Please check the appropriate line(s):

I am a:

Parent of a gifted child(ren)

Board of Education Member

College/University Professor

College/University Student

Teacher (Gifted Education)

Teacher (Regular Classroom)

Teacher (Special Education)

Teacher (Other): _____

School Administrator (Title/Building Level): _____

Other: _____

*****The following information is optional.*****

Would you and/or your spouse be interested in volunteering for SAGE? yes no maybe

What area(s) of expertise might you be of assistance with? _____