

# ACT Gifted Families Support Group

## Membership Application Form

### Step 1: Member details

Title			
Full Name			
Home Address			
Suburb		Postcode	
Phone or mobile			
Email			
Child's Name		Age or school year	
Child's Name		Age or school year	
Child's Name		Age or school year	

If I am admitted as a member, I agree to be bound by the rules of the association for the time being in force..... (Signature of applicant)

### Step 2: Tell us about payment options (Highlight or circle choice)

- Membership ..... \$30.00
- Optional : *Australian Journal of Gifted Education* (published twice a year) ..... \$30.00
- Total Payment ..... \$.....

### Step 3: Payment

Send Cheque and the application form to  
 ACT Gifted Families Support Group Inc  
 PO Box 141  
 Jamison Centre  
 ACT 2614

Or by Direct Deposit to  
 BSB 062907 Account 10351292  
 Identify the payment with "*name membership*"  
 And email completed membership form to  
 actgifted@gmail.com

Confirmation: a receipt will be sent to your email address.

ACT Gifted Families Support Group Inc  
 ABN: 26442431408  
 PO Box 141 Jamison Centre ACT 2614  
 Email [actgifted@gmail.com](mailto:actgifted@gmail.com)  
 Website: [www.actgifted.com.au](http://www.actgifted.com.au)