

ACT Gifted Families Support Group
Educator Membership Application Form

Step 1: Member details

Title			
Full Name			
Home Address			
Suburb		Postcode	
Phone or mobile			
Email			
School			

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 (includes subscription to *Australian Journal of Gifted Education* (published twice a year) \$50.00

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
Website: www.actgifted.com.au