

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 \$40.00
- 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
 Website: www.actgifted.com.au