



Fulton County Supporters of the Gifted

Last Name _____ Parent's First Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

(Please make available a phone number and email address for FCSG communication purposes only. This list will NOT be released to any outside companies/organization.)

TAG Student Information:

Name: _____ School _____ Grade _____

Name: _____ School _____ Grade _____

Name: _____ School _____ Grade _____

Please indicate areas in which you would like to volunteer with FCSG:

_____ Board Position _____ Advocacy
_____ Newsletter _____ Publicity
_____ Website _____ Organize Parent Meetings
_____ Other (please specify) _____

Do you have special talents, interests or professional abilities which you could share? Please specify. _____

Membership Category: _____ New OR _____ Renewal

Membership Options:

_____ \$25 Basic Family
_____ \$50 Bronze Level (Basic Family plus \$25 Donation)
_____ \$75 Silver Level (Basic Family plus \$50 Donation)
_____ \$100 Gold Level (Basic Family plus \$75 Donation)
_____ \$15 TAG Teacher (School where you teach _____)

Funds are used to expand FCSG program offerings, including Teacher Mini-Grants and Student Camp Scholarships.

Please complete and return, with check, to your child's TAG teacher or mail to:

FCSG, PO Box 768321, Roswell, GA 30076

Membership is renewable annually. Membership renewal dates November 1 and April 1.

When you join FCSG you also become a member of Georgia Association for Gifted Children (GAGC).