

**MEMBERSHIP INFORMATION
ARKANSANS FOR GIFTED AND TALENTED EDUCATION**

Name _____ Date _____

Street _____ City _____ Zip _____

Phone Number _____ (W) _____ (H) E-mail _____

County _____ School District _____ Renewal ___ New Membership ___

Place and Position of Employment _____

With your permission the above information will be included in the AGATE Directory.
 ___ Yes! Please include me in the AGATE Directory. ___ Please do not include me in the directory.

Membership Desired:

- | | | |
|---|---|--|
| REGULAR | BUSINESS | INSTITUTIONAL |
| <input type="checkbox"/> Sponsor.....\$100 | <input type="checkbox"/> Partner.....\$1000 | <input type="checkbox"/> School\$30 |
| <input type="checkbox"/> Friend.....\$30 | <input type="checkbox"/> Patron.....\$500 | <input type="checkbox"/> Civic Org....\$30 |
| <input type="checkbox"/> Couple/Family...\$20 | <input type="checkbox"/> Annual.....\$100 | |
| <input type="checkbox"/> Individual.....\$15 | | |

*I would like to become actively involved in AGATE. I am interested in working in the following areas:

- ___ AGATE Board ___ Conference Presentation ___ Regional Workshop
- ___ Awards Committee ___ AGATE Conference Committee ___ Newsletter Articles
- ___ Education Committee ___ Public Relations Committee ___ Membership Committee
- Other, please specify _____

Mail to:

AGATE Membership
 Attn: Karla Tarkington
 1201 W. Center St.
 Beebe, AR 72012