

National Society for the Gifted & Talented™ (NSGT)

Educator Application

Date: _____

Contact Information

Name: _____
First Middle Last

Gender: Male Female

Home Address: _____
Number Street Apt. number

City: _____ State: _____ ZIP: _____ Country: _____

Home Phone: (_____) _____ Email: _____

School Data/Company Information

School/Company Name: _____
Type: *(check one)* Private Public Parochial Homeschooled

School/Company Address: _____
Street City State ZIP

School Principal: _____ G&T Teacher: _____

Phone: _____ E-mail: _____

Privacy

We respect your privacy. Please check the "Yes" box if permission is given or the "No" box if permission is not given then initial

- Yes No I give permission for my child to be contacted by email and access the NSGT website to obtain the benefits of resources and connections to other student members in the NSGT.
- Yes No I give permission for all information I have provided to the NSGT to be shared with colleges, universities, G&T programs, and other organizations that support NSGT, so they may send my family materials and other information we may find helpful. I understand that NSGT has no control over or responsibility for this third party usage.
If no, then: Yes No I give permission for only my child's name and contact information to be given for third party usage. I understand that NSGT has no control over or _____ responsibility for this third party usage.
- Yes No I give permission for my child's name, parent's name, school, to be sent to media to announce the student's membership to the NSGT.

Please continue on reverse →

Membership

Membership Dues and Payment - \$45 per member

Payment Options:

Check (Make payable to National Society for the Gifted & Talented™ – NSGT)

Charge my credit card for \$ _____ Card # _____

Visa MasterCard American Express

Expiration date _____
MM/YY

Signature of card holder

Printed name

I would like to sponsor a gifted child(ren) who receive free and reduced lunch.

*All gifts contributed to NSGT are tax-deductible
to the extent the law allows.*

One student—bill me \$45.

Five students—bill me \$225.

Ten students—bill me \$450.

Mail completed application and payment to:

National Society for the Gifted & Talented™

Attn: Emilia Musella

River Plaza, 9 West Broad Street

Stamford, CT 06902-3788

Parent/Guardian and Student Member Signature Area

I understand that as a member of the National Society for the Gifted & Talented™ (NSGT), I am responsible for annual dues made payable to NSGT and am eligible for services that are posted on the NSGT website and that any information I provide on this application or during my membership term is subject to the Privacy Notice posted at the NSGT website www.nsgt.org. I have reviewed and accept the Privacy Notice and understand this Notice is subject to change at any time, without notice.

Member Signature

Date

How did you learn about NSGT?

Newspaper article Teacher/School Web Friend

Other (please explain) _____