



_____ Date

How Did You Learn About NSGT?

- Newspaper
- Teacher/School
- Web
- Friend
- Conference
- Other (please explain) _____

Student Information

_____ First Name Middle Name Last Name

_____ Date of Birth ____/____/____ Age Gender: Male Female

_____ Street Address Apt # City State Zip

_____ Home Phone Email Address

Preferred Parent/Guardian Information

_____ First Name Last Name Relation to Student

_____ Parent/Guardian Email Address

_____ First Name Last Name Relation to Student

_____ Parent/Guardian Email Address

_____ Name of Person Student Lives With

School Information

_____ School Name Independent Public Parochial Homeschooled

_____ Street Address City State Zip

_____ School Principal G&T Teacher

_____ School Phone School Email Address

Evidence of Eligibility

Please check the option that applies to your specific application. Only one option is required for eligibility.

- Attached are copies of nationally-normed standardized test scores for the applicant indicating a score at the 95th percentile in either a major content area or ability section (see our website for details www.nsgt.org).
 - Attached is a copy of a letter from the principal or G&T teacher of attended school stating the participation of the applicant in a G&T program and the current grade level of the student
 - Attached is a copy of an attendance certificate or progress report from a G&T program (summer, weekend, scholar)
- If none of the above is available:
- Two Recommendation Forms can be submitted by educators who are familiar with the student's academic record, performance and potential. The NSGT Recommendation Form is available online at www.nsgt.org. Educators may submit forms electronically or via hard copy directly to the National Society for the Gifted & Talented™. Recommendation Forms are confidential.

Privacy

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

1. I would like to participate in the online password protected member directory. I understand that it will list the parent's name, child's first name, age, address, email, and phone number. I also understand that I may opt out or exclude information from the listing, and that it complies with the Children's Online Privacy Protection Act (COPPA). See www.ftc.gov/privacy for more details. Yes No _____ (Please initial)
2. 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 _____ (Please initial)
3. 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. Yes No _____ (Please initial)

If no, then:

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 _____ (Please initial)

Membership

Please select the membership type you are applying for.

- 1 year membership - \$45
- 3 year membership - \$115
- 5 year membership - \$180
- 10 year membership - \$315
- Lifetime membership - \$500

I would like to sponsor gifted children who are eligible to receive free or reduced lunch.

- One student—\$35 Five students—\$175
- Ten students—\$350

I would like to make a donation to the NSGT scholarship fund in the amount of:

- \$50 \$100 other _____

Payment Options:

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

- Charge my credit card for \$ _____

Card # _____

Visa MasterCard American Express Exp. Date _____ / _____
MM YY

Signature

Printed Name

Parent/Guardian and Student Member Signature

I understand that as a parent or legal guardian of a member of the National Society for the Gifted & Talented™ (NSGT), I am responsible for annual dues made payable to NSGT, I and/or my child are eligible for services that are posted on the NSGT website, and that any information I provide on this application or during my child's 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.

Parent/Guardian Signature

Date

Member Signature

Date