

The Gifted Child Society 2017 Membership Form

COMPLETE ALL FIELDS BELOW – Paid Membership Dues will be effective thru December 31, 2017

1st Eligible Child's Last Name: _____ First Name: _____ Male ___ Female ___
 Birthdate: ___/___/___ Age: _____ Current Grade: _____ New Member Y/N? _____
 2nd Eligible Child's Last Name: _____ First Name: _____ Male ___ Female ___
 Birthdate: ___/___/___ Age: _____ Current Grade: _____ New Member Y/N? _____
 3rd Eligible Child's Last Name: _____ First Name: _____ Male ___ Female ___
 Birthdate: ___/___/___ Age: _____ Current Grade: _____ New Member Y/N? _____
 4th Eligible Child's Last Name: _____ First Name: _____ Male ___ Female ___
 Birthdate: ___/___/___ Age: _____ Current Grade: _____ New Member Y/N? _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____
 Home Address: _____ Town: _____ State: _____ Zip: _____
 Home Phone: _____ Email: _____

I authorize TGCS to use the above email(s) for all TGCS communications.

Cell Phone Parent #1: _____ Cell Phone Parent #2: _____

Each child Membership must have a current, physician signed medical form on file with TGCS, with current immunization form dated 2017. Parents/guardians may access this form on our website at www.gifted.org. (immunization forms may be submitted in Jan 2017)

Does your child(ren) have a life-threatening allergy? Please specify name & allergy _____

Emergency contact name other than parent: _____ Cell Phone: _____

In case of emergency, consent is hereby given for the child above to receive medical and/or surgical care as recommended by physician or hospital. Parent Signature: _____

Is there is any court-mandated custody, order of protection, or restraining order that pertain to you and/or your child(ren)? Yes _____
 No _____ If yes, please provide documentation to TGCS with your registration.

I approve TGCS to use of my child(ren)'s photos for media coverage for TGCS PR materials. TGCS does not provide personal information of any child without authorization. **No choice indicates automatic approval of use of child(ren)'s photos.**

Yes _____ No _____ Parent Signature _____

2017 TGCS Membership Dues per child, non-refundable (\$50.00 for 1 st child)	\$ _____
2017 TGCS Sibling Membership Dues, non-refundable (\$40.00 per additional child 20% discount)	\$ _____
2016/2017 Donation to TGCS *tax deductible under Sec. 170.1R Code	\$ _____
<small>EIN #226-079-814/000</small>	
Credit/Debit Card Processing Fee (\$5.00)	\$ _____
Total Amount Due	\$ _____

Method of payment (check one):

Debit Credit

Check or Money Order Encl.

(Make check payable to "The Gifted Child Society")

Visa MasterCard Discover American Express

ck# _____

(3 digit CV2)

(4 digit CV2)

Enter ALL Digits from Your Credit or Debit Card

M M Y Y Y Y

CV2:

Enter Expiration Date

Payment via debit/credit cards is being provided by TGCS for the convenience of our Members. If you choose to use your debit or credit card for payment of the above, a processing fee of \$5 will be charged to your account. By signing below you acknowledge that you have read, understand and agree to comply with all TGCS regulations, policies and procedures communicated herein and elsewhere by The Gifted Child Society. I agree that the charges listed above are correct and I authorize TGCS to process my charges according to the payment method specified above.

Print Cardholder Name

Signature

Date

Cardholder Billing Address

Town

State

Zip