



# Illinois Association for Gifted Children

## Parent Affiliate Membership Application

Please complete the form and return to:

IAGC  
800 E. Northwest Highway, Ste. 610  
Palatine, IL 60074

Please list your affiliate's main officers ,  
including all information requested.

Phone:847-963-1892  
FAX:847-963-1893  
Email:convention@iagcgifted.org  
Annual Membership Fee: \$150.00  
(which covers 4 for the price of 3)

### PRESIDENT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_ Legislative Dist. \_\_\_\_\_

Home Phone \_\_\_\_\_  
FAX \_\_\_\_\_  
E-Mail \_\_\_\_\_

### PRESIDENT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_ Legislative Dist. \_\_\_\_\_

Home Phone \_\_\_\_\_  
FAX \_\_\_\_\_  
E-Mail \_\_\_\_\_

### VICE PRESIDENT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_ Legislative Dist. \_\_\_\_\_

Home Phone \_\_\_\_\_  
FAX \_\_\_\_\_  
E-Mail \_\_\_\_\_

### SECRETARY

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_ Legislative Dist. \_\_\_\_\_

Home Phone \_\_\_\_\_  
FAX \_\_\_\_\_  
E-Mail \_\_\_\_\_

### TREASURER

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_ Legislative Dist. \_\_\_\_\_

Home Phone \_\_\_\_\_  
FAX \_\_\_\_\_  
E-Mail \_\_\_\_\_

### MEDIA

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_ Legislative Dist. \_\_\_\_\_

Home Phone \_\_\_\_\_  
FAX \_\_\_\_\_  
E-Mail \_\_\_\_\_

NAME OF GROUP \_\_\_\_\_

Are you an existing group or just beginning? Existing \_\_\_\_\_ New \_\_\_\_\_

Do you have a newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of your publication \_\_\_\_\_

How often is it distributed? \_\_\_\_\_

Check the services that you offer or hope to offer members and their children.

\_\_\_\_\_ Parent Meetings

\_\_\_\_\_ Student Clubs or Meetings

\_\_\_\_\_ Summer School

\_\_\_\_\_ Other:

\_\_\_\_\_ Field Trips

\_\_\_\_\_

\_\_\_\_\_ Newsletter

\_\_\_\_\_

\_\_\_\_\_ Before of After School Classes

\_\_\_\_\_

List any area or issues of concern or organization need. How do you expect to benefit from IAGC?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### INDEMNIFICATION

The undersigned, on behalf of the Parent Affiliate of ILLINOIS ASSOCIATION FOR GIFTED CHILDREN (IAGC), known as

\_\_\_\_\_ hereby agrees to indemnify IAGC, its officers and directors, against and agrees to protect, defend, save and keep harmless IAGC, its officers and directors from payment losses, damages, penalties, claims, judgements, suits, settlements, expenses and disbursements (including reasonable costs of investigation and attorneys' fees) or whatsoever kind and nature that may be imposed upon IAGC, its officers or directors as a consequence of and in connection with any activities of such Parent Affiliate or anyone for whose acts such Parent Affiliate may be responsible or liable.

IAGC Parent Affiliate \_\_\_\_\_

By the duly authorized Representative \_\_\_\_\_

Date \_\_\_\_\_