



St. Louis Association for Gifted Education

SAGE (St. Louis Association for Gifted Education) Membership Application Form

Please check the membership option you are applying for:

____ Family Membership \$25

____ School \$50 (building level only)

____ College/University Student \$5 (please include a photocopy of your current Student ID)

Please complete this application form and mail, along with a check payable to SAGE to:

SAGE Membership

P.O. Box 29455

St. Louis, Missouri 63127

Name(s): _____

School/District: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Email Address (1): _____

Email Address (2): _____

Please check the appropriate line(s):

I am a:

____ Parent of a gifted child(ren)

____ Teacher (Gifted Education)

____ Board of Education Member

____ Teacher (Regular Classroom)

____ College/University Professor

____ Teacher (Special Education)

____ College/University Student

____ Teacher (Other): _____

____ School Administrator (Title/Building Level): _____

____ Other: _____

The following information is optional:

Would you and/or your spouse be interested in volunteering for SAGE? ____ yes ____ no ____ maybe

What area(s) of expertise might you be of assistance with? _____

"The St. Louis Association for Gifted Education, or SAGE, is a nonprofit organization providing information about developing the talents of high potential children in St. Louis and surrounding communities since 1978."