

Canterbury Association for Gifted Children and Youth

Membership Application

(1st April – 31st March)

Adult individual membership\$30.00.

Family membership with community services card \$30.00.

Family membership \$55.00.

Contact Name:
First Name Last Name

Second Contact Name:
First Name Last Name

Child's Name: M F D.O.B. / .. / ..
First Name Last Name

School / Preschool Attending:

Child's Name: M F D.O.B. / .. / ..
First Name Last Name

School / Preschool Attending:

Child's Name: M F D.O.B. / .. / ..
First Name Last Name

School / Preschool Attending:

(Continue overleaf if required)

Contact Telephone: (Home)..... (Work) (Mobile)

Postal Address:
.....

E-mail Address:

Comments :
.....

Is there any skill / area you may be able to assist the Association with?

Every member has the right to view and correct any membership details held by the CAGCY.

I / We agree to abide by the Constitution of the CAGCY, abide by the Privacy Act 1993 and treat any information that may be learned about members and their children as confidential.

Membership fee enclosed \$

Signature: Date: / .. / ..