



Yes! I want to join BVGT:

Name _____

Address _____

City _____ **Zip** _____

Phone _____

E-mail _____

Please tell us about yourself: ___ Parent

___ Educator ___ Other _____

Grade level(s) of students: _____

School Name(s)

I am interested in helping BVGT with:

___ Program Planning

___ School Liaison

___ Communications

___ Other _____

**Membership Dues of \$40 includes
BVGT and CAGT (Colo. Assoc. for
Gifted and Talented) membership for
one year from Sept. 1 to Aug. 31.**

___ **New member of CAGT and BVGT**

___ **Current member of CAGT**

Mail form and \$40 check to BVGT to:

BVGT

5664 Pennsylvania Place

Boulder, CO 80303

Join online at www.bvgt.org