



FAMILY MEMBERSHIP APPLICATION

Please complete payment information

NAME _____

Street address _____

ZIP code _____ Phone _____

Email address _____

I/We give our permission to have our information included in a directory to be distributed to C-FB AGT members only.

_____ ACE / LEAP
1st CHILD'S NAME Please circle one

_____ Grade _____
 School _____

_____ ACE / LEAP
2nd CHILD'S NAME Please circle one

_____ Grade _____
 School _____

_____ ACE / LEAP
3rd CHILD'S NAME Please circle one

_____ Grade _____
 School _____

_____ ACE / LEAP
4th CHILD'S NAME Please circle one

_____ Grade _____
 School _____



MEMBERSHIP DUES

Family Membership, August 1 - July 31:
 (1-year membership for entire family)

\$15 for regular dues \$ _____

\$10 for families who qualify
 for free or reduced lunch \$ _____

Additional Donation* to AGT:

Scholarship fund +\$ _____

General fund +\$ _____

Please send donation receipt to:

 *C-FB AGT is a 501(c)3 nonprofit organization. Donations of any amount are tax deductible and are greatly appreciated.

Total amount included: _____

Check number: _____



Make checks payable to C-FB AGT, and mail check and form to C-FB AGT, P.O. Box 111702, Carrollton, TX 75011-1702.

To pay by credit card, register online at www.cfbgifted.org. It's easy and secure!

**Thank You
 For Your Support!**