



**Newfoundland and Labrador Association for Gifted Children**  
*61 Flats Road, CBS, NL A1W 3C5*

**Membership application Form**

**Name:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_

**# of Children:** \_\_\_\_\_ **Grade(s) attending:** \_\_\_\_\_

**Email Address:**  
\_\_\_\_\_

**Contact Phone number(s):**  
\_\_\_\_\_

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_

**Membership fees: \$15.00 per year / family**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_