



Parent Advocates for Gifted Education

in Lexington-Richland School District Five

2020-2021 Membership Form

Please complete the form below and mail completed form and \$5 check or money order (MO) to:
PAGE Five, P.O. Box 424, Ballentine, SC 29002-9800

Date: _____ Membership Type: Parent Advocate Teacher Advocate Community Advocate

Member Name(s): (Membership covers all adults in the family.)

Address, City, State, & Zip Code: _____

Email for meeting notices & newsletter: _____

Phone Number: _____ Cell Phone Number: _____

Name(s) of Gifted Children in AGP, Honors, IB, and/or AP classes:

Name _____	School _____	Grade _____
Name _____	School _____	Grade _____
Name _____	School _____	Grade _____
Name _____	School _____	Grade _____
Name _____	School _____	Grade _____

- I would like to volunteer to help with PAGE Five events.
 I would like to find out more about serving as a PAGE Five Board Member or Committee Member.

Enclosed is check/MO for (check all that apply): \$5 Membership Dues Donation (optional—list amount) _____

Check/MO Number: _____ Total Check Amount: _____