



MEMBERSHIP FORM

Please Check Membership Type

- Annual Family or Individual \$15
 Annual Educator \$5

Note: Membership dues are not tax-deductible.

Please mail completed form and check payable to:
 Guilford County PAGE
 P.O. Box 167
 Oak Ridge, NC 27310

FAMILY or INDIVIDUAL MEMBERSHIP

Primary Adult Member

Secondary Adult Member

Last Name: _____ Last Name: _____

First Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone Number(s): _____

Primary Email: _____ Secondary Email: _____

Please complete if you have gifted children:

	School Name	Grade
Child 1		
Child 2		
Child 3		
Child 4		

EDUCATOR MEMBERSHIP

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone Number(s): _____

Email: _____

Name of School: _____ Grade Level(s): _____ Subject(s): _____

Please let us know if you are interested in any of our PAGE committees or activities:

- Advocacy
 Programs
 Membership
 Fundraising
 Events
 School Liaison

How did you learn about us?

- Current Member
 School
 Other Organization
 Internet
 Newspaper
 Events
 Other: _____