

Application to Form an Affiliate Partners for the Advancement of Gifted Education (PAGE)

The people listed below have formed a steering committee that meets the criteria given in the Standards (see Page 3) and are requesting approval to form a PAGE affiliate of NCAGT.

Chapter Name:	Partners for the Advancement of Gifted Education of					County	
	County Name						
Mailing Address:							
	PO Box or Stree	et		City	State	Zip	
Chapter Email:							
This application is	s to revive a ch	apter for this communi	ty. 🗖 Yes 🗖 No				
Was the previous	s chapter incorp	oorated? □Yes □No	□ Unknown Origir	al incorporation	n date (if known)		
General Meetings	s Were Held:						
Note: At least one general meeting is required.		Date	Loc	ation		# in Attendance	
		Date	Loc	ation		#in Attendance	
School System(s)	Represented b	y Affiliate:					
	If more than	n one school system, ind	lude contact information	on an additiond	al sheet of paper.		
Name of AIG Coo	ordinator:				Member NCAC	GT? ☐ Yes ☐ No	
Email:							
Was the AIG Cool	rdinator involve	ed with formation of th	e affiliate? □Yes □N	0			
School System Ac	ddress:						
	PΩ	Box or Street		Citv	State	Zip	

Steering Committee

Primary Co	ntact:						Member NCAGT? ☐ Yes ☐ No
Address:							
		PO Box or Street		City	State		Zip
Telephone	H:		W:			Fax:	
Email:							
Position (if	officer)						
				<u></u>			
Name:							Member NCAGT? ☐ Yes ☐ No
Address:							-
		PO Box or Street		City	State		Zip
Telephone	H:		W:			Fax:	
Email:						_	
Position (if	officer)						
(,						
Name:							Member NCAGT? ☐ Yes ☐ No
Address:							
		PO Box or Street		City	State		Zip
Telephone	H:		W:			Fax:	
Email:							
Position (if	officer)						
Name:							Member NCAGT? ☐ Yes ☐ No
Address:							
		PO Box or Street		City	State		Zip
Telephone	H:		W:			Fax:	
Email:							
Position (if	officer)						
Name:							Member NCAGT? ☐ Yes ☐ No
Address:							
		PO Box or Street		City	State		Zip
Telephone	H:		W:			Fax:	
Email:							
Position (if	officer)						
				_			

Name:				Member NCAGT? ☐ Yes ☐ No
Address:				
_	PO Box or Street	City	State	Zip
Telephone H	H: W	:	Fa	9X:
Email:				
Position (if of	ficer)			
_	more than six members on the ste	ering committ	ee, please include t	the additional names and
addresses (on a separate sheet.			
Comments:				
Signature of I	Person Completing Form			Date

Next Steps

- 1. NCAGT approves formation of the affiliate and notifies the steering committee in writing.
- 2. The affiliate accepts members, elects officers and adopts by-laws.
- 3. The affiliate submits the list of officers and board members, proposed charter, and by-laws to coordinator.
- 4. The PAGE coordinator confirms in writing that the charter and by-laws meet the criteria in the *Standards*.
- 5. The affiliate applies to the Secretary of State for incorporation as a nonprofit corporation, or if reviving a previously active chapter, files an amended charter, including new registered agent, with the Secretary of State.
- 6. The affiliate sends a copy of the approved charter to the PAGE coordinator.

Criteria for Steering Committee

- 1. Four or more in number.
- 2. Interested in the well-being of gifted students.
- 3. Sufficiently motivated to initiate and sustain the organization.
- 4. Supportive of the philosophies, characteristics and processes of PAGE affiliates as reflected by these Standards for the Establishment, Affiliation, Operation and Dissolution of PAGE Affiliates (herein referred to as the "Standards").
- 5. Willing to abide by these Standards and by corresponding provisions of future Standards.
- 6. Representative of a large enough portion of a North Carolina community (usually an entire county) to assure the organization of the continued ability to function well.
- 7. In an area that is not currently served by an existing PAGE chapter.

Mail Completed Form to: Dr. Wesley E. Guthrie, NCAGT, PO Box 899, Swansboro, NC 28584-0899.