



## 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 NCAAGT.

Chapter Name: Partners for the Advancement of Gifted Education of \_\_\_\_\_ County \_\_\_\_\_  
County Name

Mailing Address: \_\_\_\_\_  
PO Box or Street City State Zip

Chapter Email: \_\_\_\_\_

This application is to revive a chapter for this community.  Yes  No

Was the previous chapter incorporated?  Yes  No  Unknown Original incorporation date (if known) \_\_\_\_\_

General Meetings Were Held: \_\_\_\_\_  
*Note: At least one general meeting is required.*

Date	Location	# in Attendance
_____	_____	_____
_____	_____	_____

School System(s) Represented by Affiliate: \_\_\_\_\_  
*If more than one school system, include contact information on an additional sheet of paper.*

Name of AIG Coordinator: \_\_\_\_\_ Member NCAAGT?  Yes  No  
Email: \_\_\_\_\_

Was the AIG Coordinator involved with formation of the affiliate?  Yes  No

School System Address: \_\_\_\_\_  
PO Box or Street City State Zip

# Steering Committee

Primary Contact: \_\_\_\_\_ 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: \_\_\_\_\_ W: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Position (if officer) \_\_\_\_\_

