

# IAGC PARENT AFFILIATE MEMBERSHIP APPLICATION

Please complete this form and return to:  
IAGC  
800 E Northwest Hwy, Suite 610  
Palatine IL 60074

Telephone: 847-963-1892  
FAX: 847-963-1893

Please list your Affiliate's major officers, include all information requested.

*Annual Membership Fee = \$120.00  
(which covers 4 officers listed below)*

## *President*

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
County \_\_\_\_\_ Legislative District \_\_\_\_\_ email \_\_\_\_\_

## *Vice President*

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
County \_\_\_\_\_ Legislative District \_\_\_\_\_ email \_\_\_\_\_

## *Secretary*

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
County \_\_\_\_\_ Legislative District \_\_\_\_\_ email \_\_\_\_\_

## *Treasurer*

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
County \_\_\_\_\_ Legislative District \_\_\_\_\_ email \_\_\_\_\_

## *Person who will receive IAGC mailings*

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
County \_\_\_\_\_ Legislative District \_\_\_\_\_ email \_\_\_\_\_

Are you an existing group, or just beginning?       existing, started \_\_\_\_\_       beginning

Do you have a newsletter?       yes       no

If yes, publication name \_\_\_\_\_

How often is it distributed? \_\_\_\_\_

Has your organization adopted the by-laws of IAGC?       yes       no  
(Please note, to qualify for affiliate membership, you must adopt IAGC's by-laws.)

Please include any other governing regulations of your organization.

Please check the services that you offer or hope to offer to members and their children.

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Parent meetings                | <input type="checkbox"/> Newsletter  | <input type="checkbox"/> Summer School             |
| <input type="checkbox"/> Before or after school classes | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Student Clubs or Meetings |
| <input type="checkbox"/> Other? _____                   |                                      |  |

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List any areas or issues of concern or organization need. How do you expect to benefit from IAGC?

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## INDEMNIFICATION

The undersigned, on behalf of the Parent Affiliate of the ILLINOIS ASSOCIATION FOR GIFTED CHILDREN ("IAGC"), known as

\_\_\_\_\_,  
hereby agrees to indemnify IAGC, its officers and directors, against and agrees to protect, defend, save and keep harmless IAGC, its officers and directors from payment, losses, damages, penalties, claims, judgments, suits, settlements, expenses, and disbursements (including reasonable costs of investigation and attorneys' fees) of whatsoever kind and nature that may be imposed upon IAGC, its officers or directors, as a consequence of and in connection with any activities of such Parent Affiliate or anyone for whose acts such Parent Affiliate may be responsible or liable.

IAGC Parent Affiliate \_\_\_\_\_

By its Duly Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_