

WAETAG Membership Form

I wish to support meeting the needs of children in Washington State.

WAETAG membership category: Individual/Parent Student

Name _____

Address _____ Phone _____

_____ Email _____

School District _____ ESD Number _____

I am a (select all that apply)

_____ Gifted Program Teacher _____ Counselor

_____ Classroom Teacher _____ Parent

_____ Administrator _____ Researcher

_____ Student _____ Other

_____ Public School _____ Private School

As an educator, my level of work is:

_____ Preschool _____ Primary

_____ Intermediate _____ Middle School

_____ High School _____ College/university

Mail membership form and check for \$35 to:

WAETAG c/o Tina Tidd
918 College Street
Wenatchee WA 98801

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