



Check box to indicate if this is a revision to current listing and complete only those sections.

Professional Membership Application 2018

Name as should appear on website listing: _____
(e.g. Jane Doe, Ph. D. or Dr. Jane Doe or Jane Doe, M.A., MFT)

Your title/position: _____

Organization name: _____

Do you want organization name listed? Yes No

Contact telephone: _____ **List on website?** Yes No

Contact email: _____ **List on website?** Yes No

Website URL: _____ **List on website?** Yes No

Do you want to be included as an available speaker? Yes No

If yes, list any special topics: _____

Check professional heading(s) that apply:

assessments & testing	counseling/psychotherapy	educational therapy
gifted advocacy	occupational therapy	physical therapy
psychiatry	special education attorney	social skills training
speech therapy	vision therapy	tutoring
other _____	(please indicate)	

Please provide us with a brief biography of less than 100 words to be listed on the website:

Please tell us a little about your experience and interest in working with gifted individuals:

Network Membership

The California Gifted Network provides a forum to bring together gifted individuals and their families with professionals and organizations who endeavor to meet the social, emotional, educational, and physical needs of gifted and twice-exceptional individuals in California.

Membership in CGN is intended to provide you with opportunities to network and share your talents and skills with other professionals, as well as help you connect with clients who could benefit from the services you provide. CGN does not guarantee that membership will generate increased client contact for your business. Membership in CGN does not convey any rights or privileges to the member.

Annual Membership Fees are determined by the costs of website hosting and maintenance, administrative costs, and state and federal taxes and business fees.

Single Professional Member	- OR -	Organization/Business Member (multiple names)
____ (\$65 for 1-year)		____ (\$100 for 1-year)
____ (\$110 for 2-years)		____ (\$175 for 2-years)
____ (\$150 for 3-years)		

Legal Disclaimer:

CGN provides a forum for exchange of information between professionals, organizations and individuals. We reserve the right to refuse or terminate membership.

You may fill and save this form.

Return applications to:

EMAIL (Preferred):

DrJHaase@cagiftednetwork.com

LHancock@cagiftednetwork.com

FAX:

California Gifted Network

323.315.2449

MAIL:

California Gifted Network

572 East Green Street, Suite 208

Pasadena, CA 91101

Payments can be made via the PayPal link on the website at www.cagiftednetwork.com or payable by check to California Gifted Network at the above address. Applications can also be completed and submitted electronically on the website.