 **Membership & Conference Registration Form**

**Applicant Information**: *Complete one (1) form per person*

Name:

Address:

City: State: Zip:

Work Phone: Home Phone: Email:

**Membership Details**: *(Membership runs from November 1 to October 31 of each calendar year)*

**[ ]  Active Member**: Those actively engaged in the operation and development of an existing governor’s school program and those currently involved in setting policy for such schools. See expanded definition at [www.ncogs.us.](http://www.ncogs.us/)

**[ ]  Associate Member**: Those interested in advancing the purposes of governor’s schools who do not qualify for active membership. *Note: This category includes full-time students and governor’s school alumni*

**Membership Fee**: *(Contact your program administrator to determine which fee applies to your membership)*

*Program Name: State:*

**[ ]  $ 75.** The first two members of a program pay $75 each; all additional members pay $25.

**[ ]  $ 25**: Applies to **all additional** memberships from the same program

**[ ]  $** : Applies to full-time students and alumni (no payment required; $10 donation suggested)

Make the check or money order payable to National Conference of Governor's School (NCoGS)​
Please also indicate who the check is for in the memo line.

**Relationship to Governor's School**: *Select any that apply*

[ ]  Board Member [ ]  Faculty [ ]  Residential Staff [ ]  Support Staff [ ]  Other: S*pecify*

[ ]  Administrator (Overall) [ ]  Administrator (Campus) [ ]  Other Administrative

*Position/Title:* *[ ]  Full-Time* *[ ]  Part-Time*

*[ ]* Alumni: *School State Year*

If you are not directly involved in a governor's school, please indicate your relationship or interest:

*Relationship/Interest: Position:*

**Additional Employment Information**: *(for statistical purposes only)*

Are you employed elsewhere? [ ]  Yes [ ]  No If *yes*, Employer: Position:

Business Address:

City: State: Zip:

**Signature**: **Date**: