Membership & Conference Registration Form

Applicant Information: Complete one (1) form per person 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. 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: Specify ______ _ 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: _____ Date: ____ Signature: ___