

## **PAGE Membership Application**

for

## **High School Education Pathway Students**



**Please note:** This application is for high school students only. If you need an application for college student, support personnel, or professional membership, please visit **www.pageinc.org**.

Please mail this form with payment to: PAGE, Attn: Membership, PO Box 942270, Atlanta, GA 31141-2270

SCHOOL INFORMATION						
School: System:						
Address:						
City:		State:	Zip:		Phone ()	
Teacher's Name:			Teacher's I	Email:		
STUDENT INFORMATION						
First Name	Last Name		te of Birth	SSN	Pathway □ECE □TAP	PAGE Use Only Member No.
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PAYMENT INFORMATION						
☐ Check(s) enclosed	_ x \$5.00 = Total amour				-	21/2
☐ Credit card: ☐MasterCard ☐Visa ☐Amex ☐Discover Card #: Exp:/ CVC:						
PAGE Representative Signatu App date:	ure: C	Of Other:	FICE USE ONLY	Ck#:	Date: Date:	_