



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 Email: _____

STUDENT INFORMATION

First Name	Last Name	Date of Birth	Last 4 digits of SSN	Pathway	PAGE Use Only Member No.
1. _____	_____	_____	_____	<input type="checkbox"/> ECE <input type="checkbox"/> TAP	_____
2. _____	_____	_____	_____	<input type="checkbox"/> ECE <input type="checkbox"/> TAP	_____
3. _____	_____	_____	_____	<input type="checkbox"/> ECE <input type="checkbox"/> TAP	_____
4. _____	_____	_____	_____	<input type="checkbox"/> ECE <input type="checkbox"/> TAP	_____
5. _____	_____	_____	_____	<input type="checkbox"/> ECE <input type="checkbox"/> TAP	_____
6. _____	_____	_____	_____	<input type="checkbox"/> ECE <input type="checkbox"/> TAP	_____
7. _____	_____	_____	_____	<input type="checkbox"/> ECE <input type="checkbox"/> TAP	_____
8. _____	_____	_____	_____	<input type="checkbox"/> ECE <input type="checkbox"/> TAP	_____
9. _____	_____	_____	_____	<input type="checkbox"/> ECE <input type="checkbox"/> TAP	_____
10. _____	_____	_____	_____	<input type="checkbox"/> ECE <input type="checkbox"/> TAP	_____
11. _____	_____	_____	_____	<input type="checkbox"/> ECE <input type="checkbox"/> TAP	_____
12. _____	_____	_____	_____	<input type="checkbox"/> ECE <input type="checkbox"/> TAP	_____

PAYMENT INFORMATION

No. of students _____ x \$5.00 = Total amount due _____
 Check(s) enclosed
 Credit card: MasterCard Visa Amex Discover Card #: _____ Exp: ____/____ CVC: _____

OFFICE USE ONLY

PAGE Representative Signature: _____ Date: _____
 App date: _____ Amt pd: _____ Other: _____ Ck#: _____ Date: _____