



Parent Affiliate Registration

Note: There is no charge for affiliation with MAGC.

School District: _____ School Year: _____

Parent Group Name: _____

Contact Person: _____

Title: _____

Address: _____

Preferred Phone #: _____ Preferred E-Mail: _____

.....Officers.....

President: _____ E-Mail: _____

Vice-President: _____ E-Mail: _____

Secretary: _____ E-Mail: _____

Treasurer: _____ E-Mail: _____

Membership Numbers

Parents: _____ Teachers: _____ Administrators: _____

Students: _____ Other: _____

Submit this registration information to:

Yoluanda Brown and Kay Williams, MAGC Affiliate Chairs

1122 Avon Way, Jackson, MS 39206

yoluanda@yahoo.com