

Application for  
**EDUCATIONAL INSTITUTION**  
**MEMBERSHIP**

Name of College/University/Secondary School

Street Address

Mailing Address (if different than street address)

City/State

City/State

Zip

Zip

Telephone

Fax

Website

Date Established

Key Personnel:

President

Email:

Media Relations

Email:

Describe in space below your reasons for making application:

Annual dues are \$200 to be billed each July. Please submit payment of one year's dues with application.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Approval of Membership \_\_\_\_\_ Check Rec'd: \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_