

Kansas sm

Partners in Education

Membership Form: 2010-11 School Year

Please respond by 9/30/2010.

Individual Membership: 1 member – \$10

Organizational Membership: Up to 3 members – \$30

Sustaining Membership: Up to 10 members – \$100

Affiliate (non-voting status): No charge for up to 3 persons from an organization.

List below.

Please check: Renewing Member New Member Affiliate (no dues)



Individual Membership(s): _____ x \$10 = \$ _____
 Organizational Membership: _____ x \$30 = \$ _____
 Sustaining Membership: _____ x \$100 = \$ _____
Total paid to KSPE by check: _____ = \$ _____

Total paid to KSPE by PayPal: \$ _____

This year, there are two options for paying dues:

1. Mail this form and check to Kansas Partners in Education, P.O. Box 48052, Wichita KS, 67201.
2. Use PayPal option at <http://kspartners.org/membership.html>. You do not need a PayPal account to use this option. Send this completed renewal form or a listing of your membership(s) to info@kspartners.org.

Thanks for your support!

Kansas Partners in Education Board

1. Ms. Mr. Dr. Name: _____

Organization _____

Dept and/or Position _____

Mailing Address _____

City, State & Zip _____

Daytime Phone (_____) _____ E-mail _____

2. Ms. Mr. Dr. Name: _____

Organization _____

Dept and/or Position _____

Mailing Address _____

City, State & Zip _____

Daytime Phone (_____) _____ E-mail _____

3. Ms. ___ Mr. ___ Dr. ___ Name: _____
Organization _____
Dept and/or Position _____
Mailing Address _____
City, State & Zip _____
Daytime Phone (_____) _____ E-mail _____

4. Ms. ___ Mr. ___ Dr. ___ Name: _____
Organization _____
Dept and/or Position _____
Mailing Address _____
City, State & Zip _____
Daytime Phone (_____) _____ E-mail _____

5. Ms. ___ Mr. ___ Dr. ___ Name: _____
Organization _____
Dept and/or Position _____
Mailing Address _____
City, State & Zip _____
Daytime Phone (_____) _____ E-mail _____

6. Ms. ___ Mr. ___ Dr. ___ Name: _____
Organization _____
Dept and/or Position _____
Mailing Address _____
City, State & Zip _____
Daytime Phone (_____) _____ E-mail _____

7. Ms. ___ Mr. ___ Dr. ___ Name: _____
Organization _____
Dept and/or Position _____
Mailing Address _____
City, State & Zip _____
Daytime Phone (_____) _____ E-mail _____

8. Ms. ___ Mr. ___ Dr. ___ Name: _____
Organization _____
Dept and/or Position _____
Mailing Address _____
City, State & Zip _____
Daytime Phone (_____) _____ E-mail _____