



MEMBERSHIP ENROLLMENT FORM

1. Enrollment: Please enroll our school district for 2007-2008.

School District: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Fax: (_____) _____

Website: _____

Total District Enrollment (ages 3-21): _____

Total District Special Education Enrollment (ages 3-21): _____

2. Membership category: Please check below and complete the following page indicating the District Special Education Leader(s) who will participate in the Collaborative.

Small urban district: Basic membership fee of \$2,400

For school districts with a total district enrollment of less than 15,000 students - covers one district leader as the Member contact.

Medium urban district: Basic membership fee of \$3,800

For school districts with a total district enrollment of 15,000 to 50,000 students - covers one district leader as the Member contact and one as an Associate contact.

Large urban district: Basic membership fee of \$5,000

For school districts with a total district enrollment of more than 50,000 students - covers one district leader as the Member contact and two others as Associate contacts.

3. Additional enrollment: Member districts may enroll additional senior-level administrators in the Collaborative for \$1,500 per enrollee per year.

I would like to enroll _____ additional administrators in the Collaborative.

4. Payment:

Basic Membership Fee: \$ _____

Additional Enrollment Fee: \$ _____

Total: \$ _____ Purchase order #: _____

(payable to Education Development Center, Inc.)

(Please enclose PO)

Urban Special Education Leadership Collaborative

Education Development Center, Inc.

Attention: Kyla Graves

55 Chapel Street • Newton, MA 02458

Tel: (800) 225-4276, ext. 2447 Fax: (617) 969-3440

District Leader/Member *(for small, medium, and large districts)*

Name: _____
Title: _____
Mailing Address: _____

Telephone #: () _____ Fax #: () _____
Email: _____

District Leader/Associate *(for medium and large districts)*

Name: _____
Title: _____
Mailing Address: _____

Telephone #: () _____ Fax #: () _____
Email: _____

District Leader/Associate *(for large districts)*

Name: _____
Title: _____
Mailing Address: _____

Telephone #: () _____ Fax #: () _____
Email: _____

District Leader/Associate *(for additional membership fee of \$1,500 per year)*

Name: _____
Title: _____
Mailing Address: _____

Telephone #: () _____ Fax #: () _____
Email: _____