



**Membership Application
2008-09**

Name (school/org) _____

Address _____

Phone: _____

Contacts: Name Email

Administrator _____

Business Manager _____

Development Coordinator _____

Board President _____

Parent Council President _____

Year Established: _____ Number of Grades: _____

Number of Students: _____

Membership Level Amount Enclosed

€ Individual \$100 - \$250 \$ _____

€ Organization/Business \$250 - \$1,000 \$ _____

€ Forming Schools/Initiatives \$250 - \$500 \$ _____

€ Schools - \$5 - \$10 per student
_____ students @ \$ ____ /each = \$ _____

Please mail payment to the:
Alliance for Public Waldorf Education
PO Box 2452
Fair Oaks, CA 95628