

# Membership Application

Membership Application

2008-09

Name (school/org):

---

Address:

---

---

Phone:

\_\_\_\_\_

Contacts:

Name:

Email:

Administrator

\_\_\_\_\_

Business  
Manager

\_\_\_\_\_

Development  
Coordinator

\_\_\_\_\_

Board  
President

\_\_\_\_\_

Parent Council  
President

\_\_\_\_\_

Year  
Established  
of Grades

\_\_\_\_\_

Number

\_\_\_\_\_

Number of  
Students

\_\_\_\_\_

Membership Level Enclosed		Amount
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