

NORTHWESTERN WISCONSIN EDUCATION ASSOCIATION 2009 MEMBERSHIP REQUEST FORM

Name of Administrator: _____

School Name: _____

Address: _____

Number of Professional Membership Tickets Requested: _____

Number of Student Membership Tickets Requested: _____

Name of address of person to whom materials are to be mailed. This person will be responsible for all memberships and monies. This person and your Education Association and/or School District will be responsible for unused memberships and monies not returned to us.

Name: _____

Address: _____

Work Phone: _____ Home Phone: _____

Check and complete one of the following:

_____ A check for _____ professional memberships at \$30 each and for _____ student memberships at \$12 each is enclosed.

_____ Payment will be sent no later than October 31, 2009.

Deadline for ordering by mail is September 26, 2009.

Return completed form to: Sandra Cleaver
2622 Balsam Ct.
Eau Claire, WI 54703
Phone (715)836-9277 Fax (715)852-4904
e-mail: scleaver@charter.net

CHECK OUT OUR WEBSITE AT WWW.NWEA-EC.ORG