



2024-2025 Membership Application

Membership Type (check one)

(\$10) Educator ___ (\$25) Patron ___

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Educators, Please Enter Information Below:

Current School: _____

Grade or Position at Current School: _____

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If paying via PayPal or Venmo please mention your school in the comments section.

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