



2025-2026 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: _____

PayPal: cbef08@gmail.com

Venmo: CentralBaldwin-Education

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

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P.O. Box 1399
Robertsdale, AL 36567