



Region 8 Education Service Center

New Member Application Form

Type of Membership:

Full Membership - Public School Corporations

Member Services - Private/Parochial/Charter Schools

Associate Membership

School Year: _____

School/Organization Name: _____

Name/Title of Representative Submitting Application: _____

Email and Phone of Representative: _____

Number of Students (K-12, previous school year): _____

Primary Mailing Address: _____
