

Associate Membership Application

YES! We want to join the Small School Districts' Association.

Membership Level:

Bronze (\$1,000)

Gold (\$2,500)

Platinum (\$5,000)

Company Name: _____ Date: _____

Contact Name: _____ Title: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-mail Address: _____

Type of Company: _____

Method of Payment:

Check No. _____ Credit Card #: _____

Credit Card Type: Visa Mastercard American Express

Exp. Date: _____

Name as it appears on card: _____

Billing Address of Credit Card: _____

Please return this application with your payment to:

Small School Districts' Association

455 Capitol Mall, Suite 315

Sacramento, CA 95814

FAX: (916) 441-4851

If you have any questions... please contact SSDA's Executive Assistant, Shelly Tillery at (916) 444-9335 or toll free (866) 443-7732 or via e-mail at shelly@ssda.org.