



## Oregon Membership Services Enrollment Form

Please complete the following information:

Name and title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Please check one of the following options:

FOR CHARTER SCHOOLS:

- My school will be joining at the rate of \$5 per student (min. \$500, max. \$1,000)

Enrollment: \_\_\_\_\_ x \$5 = \$ \_\_\_\_\_

FOR CHARTER-SPONSORS

- My sponsoring agency will be joining at the rate of \$750

\$ 750

FOR CHARTER SCHOOL DEVELOPERS:

- My charter school development team will be joining at the rate of \$1,000

\$ 1,000

FOR CONSULTANTS, ATTORNEYS, AND CHARTER SCHOOL SERVICE PROVIDERS:

Please contact CSDC at (916) 278-6069 or [CSDC@chartercenter.org](mailto:CSDC@chartercenter.org).

**Note: You will not receive Membership Services benefits until payment is received.**

Please make checks payable to: **Charter Schools Development Center**  
MAIL ENROLLMENT FORM AND PAYMENT TO:

Charter Schools Development Center  
ATTN: Membership Services  
P.O. Box 12542  
Portland, OR 97212

For additional questions, please contact us at (916) 278-6069 or [CSDC@chartercenter.org](mailto:CSDC@chartercenter.org)