

# Alaska State Writing Consortium

## 2007 - 2008 MEMBERSHIP APPLICATION



### Contact Information:

District/Organization: \_\_\_\_\_

District Contact: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Membership Type:

- Business Member .....\$2,000
- School District.....\$1,000
- School District (with a student population under 200) .....\$500
- Friend of ASWC.....\$500
- Individual .....\$50

Total Due: \_\_\_\_\_

### Payment Method:

Purchase Order # \_\_\_\_\_

Check

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Card Issued to: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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