

MEMBERSHIP APPLICATION



SCHOOL DISTRICT: _____ COUNTY SUPERINTENDENT: _____ COOPERATIVE : _____

SCHOOL DISTRICT, OR ORGANIZATION: _____			
MAILING ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	PHONE NUMBER: _____
WEBSITE: _____		DUES (Based on latest student enrollment counts) _____	

Dues are calculated at \$275 plus \$1.10 per student based on current enrollment for state funding purposes. Dues are capped at \$3,300 per school year.

CONTACT INFORMATION

SUPERINTENDENT OR CEO NAME: _____ EMAIL: _____

PHONE: _____

DISTRICT CLERK OR BUSINESS MANAGER NAME: _____ EMAIL: _____

PHONE: _____

PRINCIPALS/ OTHER KEY CONTACTS (or email a list)

NAME: _____ SCHOOL: _____

EMAIL: _____ PHONE: _____

NAME: _____ SCHOOL: _____

EMAIL: _____ PHONE: _____

NAME: _____ SCHOOL: _____

EMAIL: _____ PHONE: _____

District Clerk Signature: _____ Date _____

Superintendent Signature: _____ Date _____

Return completed form to:

Melissa Tovaas
Executive Director
mtovaas@mt-schools.org
(406) 272-0021

Upon approval of this application an invoice will be sent for your dues.