



2010-2011 **ERNN District Membership Form**

Contact Person Name: _____

School District or ESD: _____

Position with District: _____

Address: _____

City: _____ Zip Code: _____

Phone Number(s): _____

Email Address: _____

<u>Student FTE</u>	<u>Annual Fee</u>
0-499	\$250
500-999	\$300
1,000-2,999	\$450
3,000-4,999	\$600
5,000-9,999	\$750
10,000-19,999	\$900
20,000+	\$1,050
ESDs	\$450

Please return completed form, along with check or purchase order, to:

ERNN
825 5th Ave. SE
Olympia, WA 98501