



2018-2019

ERNN Membership Form

School District/ESD/Firm: _____ Current FTE: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Contact Person #1	Name: _____	Title: _____
Contact Person #1	Phone: _____	Email: _____
Contact Person #2	Name: _____	Title: _____
Contact Person #2	Phone: _____	Email: _____

<u>Student FTE</u>	<u>Annual Fee</u>
0-499	\$275
500-999	\$330
1,000-2,999	\$495
3,000-4,999	\$660
5,000-9,999	\$825
10,000-19,999	\$990
20,000+	\$1,155
ESDs	\$495

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

ERNN

825 5th Ave. SE

Olympia, WA 98501

800.859.9272