



# 2019/2020 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: _____	

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

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

**ERNN**  
**825 5th Ave. SE**  
**Olympia, WA 98501**  
**800.859.9272**