



Organization MEMBERSHIP FORM

**MAILING
INFORMATION**

Last Name First Name Middle Initial

Address

City State Zip Code

Home Phone Work Phone Cell Phone

FAX Number Email address

**MAILING
INFORMATION
FOR ESP
PRESIDENT**

Name of Organization

Address City State Zip Code

Home Phone Work Phone FAX Number Email Address

ORGANIZATION	1-100 members	\$75.00	2 votes
DUES	101-200 members	150.00	4 votes
	201-300 members	325.00	8 votes
	301+ members	400.00	11 votes

Total Number of Members _____

**TYPE OF
MEMBERSHIP**

New Organizational Membership Renewing Organization

**PAYMENT
ENCLOSED**

Check \$ _____ Cash _____ Other _____

Office Use Only:

Summary Sheet Ref. # _____ Summary Sheet Date ____/____/____ Membership Exp. _____

Amount Paid \$ _____

Payment Type: Cash Check (✓ No. _____) Other _____

Received by: _____

Date Received: ____/____/____



**Please make check payable to NCESP and mail to:
NCESP
NEA Center for Governance
1201 Sixteenth Street, NW, Suite 813
Washington, DC 20036**

Note: Only checks and money orders are acceptable payments through the mail. **Please do not send cash.** Please make a copy of this form for your records before mailing. If you have additional questions or would like to request an Organizational Membership form, please call the Center for Governance at 202-822-7173.