STATE AFFILIATE SPONSORSHIP 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

SPONSORSHIP DUES

<table>
<thead>
<tr>
<th>Sponsorship Level</th>
<th>Amount</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum</td>
<td>$500.00</td>
<td>0</td>
</tr>
<tr>
<td>Gold</td>
<td>$400.00</td>
<td>0</td>
</tr>
<tr>
<td>Silver</td>
<td>$300.00</td>
<td>0</td>
</tr>
<tr>
<td>Bronze</td>
<td>$200.00</td>
<td>0</td>
</tr>
</tbody>
</table>

TYPE OF MEMBERSHIP

□ New State Affiliate Sponsorship
□ Renewing State Affiliate Sponsorship

PAYMENT ENCLOSED

□ Check $ ________  □ Cash _______  □ Other _________

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.
If you have any questions or would like to request another type of membership form, please call the Center for Governance at 202-822-7173.

NCESP STATE AFFILIATE SPONSORSHIP MEMBERSHIP RECEIPT

Affiliate Name: ___________________________________________ Amount Paid? $ ________

Payment Type: □ Cash  □ Check (√ No. ______)  □ Other __________

Membership Exp. ___________________

Received by: _______________________________  Date Received: ____/____/_____

Office Use Only:

Summary Sheet Ref. # ________  Summary Sheet Date __/__/__  Membership Exp.________

Amount Paid $______  Payment Type: □ Cash  □ Check (√ No. ______)  □ Other __________

Received by: _______________________________  Date Received: ____/____/_____

NCESP STATE AFFILIATE SPONSORSHIP MEMBERSHIP RECEIPT

Affiliate Name: ___________________________________________ Amount Paid? $ ________

Payment Type: □ Cash  □ Check (√ No. ______)  □ Other __________

Membership Exp. ___________________

Received by: _______________________________  Date Received: ____/____/_____

Office Use Only:

Summary Sheet Ref. # ________  Summary Sheet Date __/__/__  Membership Exp.________

Amount Paid $______  Payment Type: □ Cash  □ Check (√ No. ______)  □ Other __________

Received by: _______________________________  Date Received: ____/____/_____

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