

DC SPECIAL EDUCATION CO-OPERATIVE

Helping DC Charter Schools Develop High-Quality Special Education Programs

SY 2011-2012 MEMBERSHIP APPLICATION

MEMBER INFORMATION

LEA name:

Enrollment (check one):

- 100+ students (total enrollment)
- 99 students or less (total enrollment)

MEMBER DUES

\$2500: LEAs with 100+ total students enrolled or \$1200: LEAs with 99 or fewer total students enrolled

PAYMENT INFORMATION

Find our Check Payable to "DC Public Charter School Cooperative" enclosed

___ Bill Me

SCHOOL CONTACTS

| Position / Title | Name | E-mail Address |
|---|------|----------------|
| Executive Director | | |
| Principal | | |
| Special Ed Coordinator/Director or equivalent | | |

BOARD REPRESENTATIVE

Please identify one of the staff members above to sit on the Co-operative's Board. This person will represent your LEA at quarterly board meetings.

Board Rep:

Please designate other staff members to receive the Co-operative's newsletter. Include as many general and special education teachers as you would like.

| Position / Title | Name | E-mail Address |
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RETURN YOUR MEMBERSHIP APPLICATION TO: DC Special Education Co-operative 1488 Newton Street, NW #2, Washington, DC 20010 or jcamerata@specialedcoop.org