



Membership Application

Please Print All Information

FIRST NAME _____ LAST NAME _____

MAILING ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE _____ Work Home FAX _____ Work Home

E-MAIL ADDRESS _____

POSITION/TITLE _____

SCHOOL AFFILIATION _____

Please include school district number whenever possible.

Membership fees:

_____ \$35.00 Active
_____ \$ 5.00 Student/Retired

Are you a member of ASCD?

_____ Yes
_____ No

Position (check one):

- Director of Curriculum or Instruction
- District-level Administrator or Specialist
- Principal, Assistant, or Associate
- Superintendent, Assistant, or Associate
- Supervisor
- Full-time student
- Professor, Dean or other University
- Teacher
- Other _____

Please include a purchase order or a check payable to Minnesota ASCD and return to:

Lori Sandvig
5033 W. 56th Street
Edina, MN 55436
952-920-9123

You may also apply for or renew your membership at www.mnascd.org.