



**KYSPPRA MEMBERSHIP REGISTRATION AND INVOICE FORM**

**NAME** \_\_\_\_\_

**POSITION** \_\_\_\_\_

**DISTRICT/SCHOOL/ORGANIZATION** \_\_\_\_\_

**P.O. BOX/STREET ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**PHONE/MAIN DISTRICT NUMBER** \_\_\_\_\_

**MAIN CONTACT NAME/PHONE NUMBER** \_\_\_\_\_

**FAX NUMBER** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

If this is an institutional membership, please provide individual emails and contact information for each individual below.

\_\_\_ **INSTITUTIONAL MEMBERSHIP \$100/year** (3 members)

NAME, POSITION AND EMAIL \_\_\_\_\_

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\_\_\_ **INDIVIDUAL MEMBERSHIP \$40/year**

\_\_\_ **STUDENT MEMBERSHIP \$10/year**

\_\_\_ **ASSOCIATE MEMBERSHIP \$75/year** (includes business or non-educational organizations)

\_\_\_ **CURRENT MEMBERSHIP RENEWAL (TYPE OF MEMBERSHIP RENEWAL \_\_\_\_\_)**

**PLEASE MAKE YOUR CHECK PAYABLE TO KYSPPRA AND SEND TO:**

**KYSPPRA  
P.O. Box 22436  
Owensboro, Kentucky 42304-2436**