

MEMBER INFORMATION

Membership Type:     New                       Renewal

Member School Name:

Member School Street Address:

Member School City:     State:     Zip:

Member School Phone:

Member School Fax:

Member School Email:

Member School Web Address:

County/District Authorizer:     Contract Length:

Contract Renewal Date:     # of Students on Wait List:

Grade Levels Served:

Member School Administrator:

Member School Administrator Email:

MEMBERSHIP DUES

**MCSN DUES ARE \$3.00/STUDENT FOR ONE YEAR OF MEMBERSHIP.**

Dues are based on the pupil count data collected and published by the Maryland Department of Education. Should this form be completed and payment remitted prior to the October count date, we reserve the right to make adjustments once those numbers are published. Membership is based on the school year. The payment deadline is October 31st.

Membership School Year :   
 (i.e. 2011/2012)

# of Enrolled Students:

Total Membership Dues:

PAYMENT

Please invoice the school

Will pay by check payable to: Maryland Charter School Network, 4639 Falls Road, Baltimore MD, 21209

Will pay by credit card. Please contact the school for payment information.

**PLEASE REMIT BY OCTOBER 31ST.**

SCHOOL CONTACT INFORMATION

Primary Contact for MCSN:

Title:

Email:

Phone:

