



2018-19
TWICE Membership Form

Please return this form with your TWICE dues

ESA/District/School Name: _____

Address: _____

Membership Fees: \$300/year – ESA (All districts/schools served by the ESA are TWICE Members)
\$250/year – District (all schools served by the district are TWICE Members)
\$125/year – Individual School

- Enclosed is our check for \$300 – TWICE ESA dues for 2018-19
- Enclosed is our check for \$250 – TWICE District dues for 2018-19
- Enclosed is our check for \$125 – TWICE School dues for 2018-19

* * * Make checks payable to TWICE * * *

Please designate an ESA/District/School contact.

Name: _____

ESA/District/School: _____

Address: _____

Phone: (_____) _____

Email: _____

ESA/District:
How many districts do you serve? _____ How many schools do you serve? _____

Send check and membership form to:

TWICE
Attn: Membership
P.O. Box 444
Lawrence, Mi 4906