



## MEMBERSHIP REGISTRATION 2010-2011

Name: \_\_\_\_\_

School or District: \_\_\_\_\_

### *School Contact Information*

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Email: \_\_\_\_\_

School Phone: \_\_\_\_\_

### *Home Contact Information*

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

If you plan to attend the October luncheon conference, please include that amount now with your membership dues. If you plan to attend the January and/or March meetings, you have the option of including those amounts now, or may pay for them later.

- |  |                 |   |
|--|-----------------|---|
| <input type="checkbox"/> Membership Dues:                                | \$50            | Please provide the name and title of the administrator who will accompany you to the January meeting:<br>_____<br>_____ |
| <input type="checkbox"/> <del>October 15, 2010 Luncheon Conference</del> | <del>\$30</del> |   |
| <input type="checkbox"/> <b>January 28, 2010</b> Luncheon Conference     | \$30 per person |   |
| <input type="checkbox"/> <b>March 16, 2011</b> Full Day Conference       | \$60            |   |
| <input type="checkbox"/> Amount Enclosed:                                | \$ _____        |   |

Please make checks payable to **EMFLA**.  
Send registration and checks to:

Pat DiPillo/EMFLA  
Falmouth High School  
874 Gifford St.  
Falmouth, MA 02536  
Phone: (508) 540-2200

**Please complete and return this form by October 9<sup>th</sup>.**  
**EMFLA cannot send invoices.**

EMFLA cannot accept purchase orders or credit cards.

No email registrations, please.