



# Membership Enrollment Form

**Please select the type of membership and fill out the contact information and payment sections.**

- \$75 Individual
  - \$40 Student - please include copy of current student ID
  - \$300 Organization - my organization is a:  school  school district  other
- Up to ten individuals from your organization will enjoy the benefits of membership. Please let us know which individuals you'd like to include in your organizational membership by filling out the attached contact form.

### Membership is for:

Ms  Mrs  Mr  Dr  Other \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Method of Payment

Check, made payable to Character Education Partnership

Purchase Order Number \_\_\_\_\_

Visa  MasterCard  American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Name on Card \_\_\_\_\_

**Please fax or mail this form with your payment to:**  
Character Education Partnership, 1025 Connecticut Avenue, NW, Suite 1011  
Washington, DC 20036

Fax 202-296-7779; Tel 202-296-7743 Toll Free 800-988-8081  
[www.character.org](http://www.character.org)

**Thank You!**

**Please allow 7 - 10 days to process.**

# Organizational Membership Contact Form

Please complete this form with the individuals you'd like to include in your membership.



## Main Contact Information:

**Name** \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
\_\_\_\_\_

**Name** \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Name** \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
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