

APPLICATION FOR MEMBERSHIP

Santa Barbara Partners in Education

P.O. BOX 6307
Santa Barbara, CA 93160-6307
(805)964-4711, Ext. 4400
FAX (805) 682-9016 • Partners@sbceo.org

Organization: _____

Attention: _____

Address: _____

Phone: _____ FAX: _____

E-mail: _____

URL: _____

(Please fill in completely to insure receipt of notice for future SBPIE meetings & events.)

Checks should be made payable to: Santa Barbara Partners in Education

All dues directly support programs.
Staff is provided through the
Santa Barbara County Education Office.

Partners Presidents Council	\$2500
Educational Leadership Club support level	\$1000
Large Corporation/Organization (500+ employees)	\$500
Medium Corporation/Organization (100-500 employees)	\$250
Small Corporation/Organization (Under 100 employees)	\$100
Individual	\$50

Signature: _____ Date: _____

Check enclosed \$ _____

Name of contact person for correspondence, publications, invitations, ect., if other than above:

Please mail this form to the address listed above.

Thank you for your interest.