

Western New York Educational Service Council
Affiliate School District Membership Form

Effective September 1, 2016 - August 31, 2017

Name of District: _____

Current Enrollment: _____

Contact Person: _____

Mailing Address: _____

Office Phone: _____

E-mail address: _____

Student Enrollment

Membership Fee

- | | |
|---------------|-----------|
| • up to 1500 | \$ 800.00 |
| • 1500-3000 | \$1250.00 |
| • 3000 and up | \$1550.00 |

Please check one:

___ Our school intends to initiate or renew its membership with the
Western
New York Educational Service Council for 2016-2017.

Please bill our school in:

___ June 2016 (2015-16 Budget)

___ July 2016 (2016-17 Budget)

Return to: Robert Christmann, Executive Director
Western New York Educational Service Council
University at Buffalo, 222 Baldy Hall
Buffalo, New York 14260-1000
FAX (716) 645-3840 or email to: wnyesc@buffalo.edu

Please call me at (716)645-2932 (work) or (716)777-0451(cell) if you have any questions or concerns.