



Subscription Form

School District: _____

Designated Representative: _____

Position: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Office Phone: _____

Purchase Order Number (please send copy with form): _____

Please send us _____ quantity of website promotional postcards to distribute to the paraeducators.

Select membership:

Student FTE	Rate
<input type="checkbox"/> 9-749	\$150
<input type="checkbox"/> 750-1,499	\$300
<input type="checkbox"/> 1,500-2,499	\$500
<input type="checkbox"/> 2,500-3,999	\$850
<input type="checkbox"/> 4,000-5,999	\$1,250
<input type="checkbox"/> 6,000-8,999	\$1,900
<input type="checkbox"/> 9,000-12,999	\$2,750
<input type="checkbox"/> 13,000-17,999	\$3,875
<input type="checkbox"/> 18,000 +	\$4,500

Please send a purchase order or check with this registration form.

Copy and return to:

Paraeducator.com Community Website
Puget Sound ESD
800 Oakesdale Ave. SW
Renton, WA 98057

Fax: 425-917-7810

Email: jrobb@pseud.org

Authorized Signature: _____

Title/Date: _____



www.pseud.org

Contact:

Paraeducator.com
425-917-7855, 253-778-7855,
1-800-664-4549, x7855
jrobb@pseud.org