

MEMBERSHIP FORM

Ronda Harmon
Executive Director

Liz Erwin
Education/
Training Leader

Stephanie Feedback
Products

Nan Givhan
Bookkeeping/
Team Leader

Carol Moberly
Training

Ruth Morrison
Membership

Kathy Ponsoll
Training

Lisa Stone
Education/
Conference Leader

Karen Thornton
Training

Cyndi Wrenn
Data

Lynne Slone
Legal Counsel

**P.O. Box 784
Danville, KY 40423
859-238-2188
Fax/ 859-238-0806
www.kasc.net
kasc@kasc.net**

We want to join KASC! (\$400 for one-year school membership)

School Name: _____

School Address: _____

District: _____

P.O.#: _____

We would like to order the SBDM Basics Toolkit—a \$20 savings for members! (Member Cost \$30)

Please add this to the above P.O. **OR**

Use different P.O.# for this: _____

Please include the following council members on our membership:

(Note: Each council member will receive quarterly issues of Insights; twice a year, paper copies of Insights will be sent to the school address, and twice a year, Insights will be delivered electronically to the email addresses provided below.)

Role	Name	E-mail
Principal		
Parent		
Parent		
Teacher		
Teacher		
Teacher		

Please use an additional page if needed. You may fax or mail this form to us, and call us if you have any questions.

Thank you for joining KASC