

TREP Education Membership Application

School/District Name: _____

Primary Contact: _____

Address: _____

Primary email: _____

City, State, Zip: _____

Secondary Contact: _____

Phone #: _____

Secondary email: _____

TREP uses an annual donation schedule based upon the number of students for education members.

Please select the number of students currently in your educational institution.

Elementary district or individual school

- 0-1000 ----- \$300
- 1001--2000 ----- \$350
- 2001- 4000 ----- \$450
- 4001-5000 ----- \$500
- 5001 or more----- \$550

High School district or unit districts

- 0-1000 ----- \$500
- 1001--2000 ----- \$550
- 2001- 4000 ----- \$650
- 4001-5000 ----- \$700
- 5001 or more ----- \$750

College/University:

- 0-8000 ----- \$400

- 8001 or more ----- \$600

Payment Information:

Please select your preferred invoice delivery method:

Delivered via email Email address: _____

Delivered via US Mail Postal address: _____

Charge credit card: Master Card VISA American Express

Name on the card: _____

Charge card account number: _____

Expiration Date: _____ 3 digit Security code (CCD): _____