



THE LOUISIANA SPECIAL EDUCATION COOPERATIVE
2014-2015 MEMBERSHIP APPLICATION

CONTACT NAME/ POSITION:

SCHOOL NAME:

SCHOOL NETWORK:

PHONE:

MAILING ADDRESS:

STREET:

EMAIL:

CITY: STATE: ZIP:

GRADE LEVELS SERVICED:

SCHOOL POPULATION:

SPED POPULATION:

2014-2015 MEMBERSHIP FEE: \$500 PER SCHOOL CAMPUS

Funds should be made payable to **LOUISIANA SPECIAL EDUCATION COOPERATIVE**. Payments should be mailed to Louisiana Special Education Cooperative **3835 Elysian Fields Avenue, New Orleans, La 70122**. Please write "**Member Dues**" on the memo line. [Tax ID: **46-3413126**]