 **Individual -** Associate   
 Membership Application

Contact Information

Name: \_

Email: \_

Address: State: Zip Code: \_

Home Phone: Work Phone: Cell Phone: \_ School Affiliation (if any): \_

***Individual-Associate Members and MACS:***

Through individual membership, you can show your support for MACS’ service to the MN charter school community. Your contribution helps **promote innovation, quality, choice, and accountability** in public education by promoting charter schools in Minnesota. In recognition of your contribution, you may:

* Attend MACS Annual Membership Meeting at member discounted rate;
* Support the Association’s advocacy efforts at the state;
* Stay informed on public policy issues;
* Participate in all Committees and Work Groups of the Association.

***Receiving Communications from MACS:***

As an Individual-Associate Member of MACS, you may choose to receive communications on a number of topics. Please place a check next to areas of interest.

I would like to receive ***The Charter School Advocate***, the Association’s public policy newsletter

I would like to receive invitations to Assocation events

I would like to participate in the Association’s work.

Individual – Associate Membership Dues

**Membership Dues $25**

***Individual-Associate Membership is for twelve months from the month in which you join.***

Payment Information

**Amount Enclosed: $25** *(Make checks payable to: MN Association of Charter Schools)*

***Mail completed form and dues to:***

Individual - Associate Membership   
Minnesota Association of Charter Schools  
161 St. Anthony Ave.

Suite 1000

St. Paul, MN 55103