



Consortium for School Networking
 1025 Vermont Avenue, NW Suite 1010
 Washington, DC 20005

For CoSN Use Only

ID: _____
 Expiration: 06/30/2010
 Date Paid: _____
 Paid by: _____

2009-2010 Membership Application

CoSN's membership year begins July 1.

Member Institution _____
Department (if applicable) _____
Primary Contact Name _____
Title _____
Phone Number _____ **E-mail** _____
Address _____
City _____ **State** _____ **Zip** _____

CoSN Membership Category	CoSN Dues	State Chapter Dues	
		CA, CO, FL, GA, LA, MD, NM, PA and TX	MA
<input type="checkbox"/> Large Institutions <input type="checkbox"/> Large School District (15,000 plus students) <input type="checkbox"/> Education Service Agency <input type="checkbox"/> College or University <input type="checkbox"/> Non-Profit Organization/Association	\$1,000	\$150	\$150
<input type="checkbox"/> Medium Institution <input type="checkbox"/> Medium School District (2,500 – 14,999 students)	\$750	\$100	\$150
<input type="checkbox"/> Small Institution <input type="checkbox"/> Small School District (under 2,499 students) <input type="checkbox"/> Individual School	\$250	\$50	\$150
<input type="checkbox"/> State Dept. of Educ./State Educ. Network	\$1,500	N/A	N/A
<input type="checkbox"/> Individual Member	\$150	N/A	N/A

Note: Education Service Agencies and school districts in the states of California, Colorado, Florida, Georgia, Louisiana, Maryland, Massachusetts, New Mexico, Pennsylvania and Texas District and members must include state chapter dues.

Method of Payment: CoSN's Tax ID number is 52-1774773

Check Purchase Order (P.O. # _____) Credit Card (Visa/MC/AmEx/Disc)

Total \$ _____ Name of Card Holder _____

Card Number _____ Exp. Date _____

Signature _____

Mail to:
 CoSN Membership
 PO Box 75110
 Baltimore, MD 21275-5110
 (bank address)

Questions about CoSN?
 866.267.8747 x115
 Fax: 202.393.2011
 Email: info@cosn.org
www.CoSN.org



CoSN Affiliate Membership Roster

If your organization is joining CoSN as an institutional member, it may nominate additional members who will receive all the benefits of membership. Each affiliate member will receive the same CoSN membership materials as the Primary Contact, including access to myCoSN, the members-only section of the CoSN Web site. If you wish to replace a current member with a new member at any time, please call the CoSN membership office at 866/267-8747 ext 115.

CoSN Member Institution _____

1. Primary Contact Name _____

List additional representatives for your organization below

2. Name: _____
 Title: _____
 Company: _____
 Address: _____
 City, St., Zip: _____
 Telephone: _____
 Fax: _____
 E-Mail: _____

6. Name: _____
 Title: _____
 Company: _____
 Address: _____
 City, St., Zip: _____
 Telephone: _____
 Fax: _____
 E-Mail: _____

3. Name: _____
 Title: _____
 Company: _____
 Address: _____
 City, St., Zip: _____
 Telephone: _____
 Fax: _____
 E-Mail: _____

7. Name: _____
 Title: _____
 Company: _____
 Address: _____
 City, St., Zip: _____
 Telephone: _____
 Fax: _____
 E-Mail: _____

4. Name: _____
 Title: _____
 Company: _____
 Address: _____
 City, St., Zip: _____
 Telephone: _____
 Fax: _____
 E-Mail: _____

8. Name: _____
 Title: _____
 Company: _____
 Address: _____
 City, St., Zip: _____
 Telephone: _____
 Fax: _____
 E-Mail: _____

5. Name: _____
 Title: _____
 Company: _____
 Address: _____
 City, St., Zip: _____
 Telephone: _____
 Fax: _____
 E-Mail: _____

9. Name: _____
 Title: _____
 Company: _____
 Address: _____
 City, St., Zip: _____
 Telephone: _____
 Fax: _____
 E-Mail: _____

Please return this form with application and payment.