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| APPLICANT: |  | |  | | | | | | | | DATE: | |  | |
|  | | | MEMBERSHIP/DUES | | | | | | | |  | | | |
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| Organization Name | | | | | **New/Renewal** | | | | **Membership Account Number** | | | **Unit – Yearly/Monthly/Weekly** | | **Total**  **Cost** |
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| TOTAL THIS PAGE | | | | | | | | | | | | | |  |
| **APPLICANT – Address & Zip Code:** | |  | | | | | | | | | | | | |
| **Telephone Number:** | |  | | | | **Fax:** |  | | | | |  | | |
| **ORGANIZATION – Address & Zip:** | |  | | | | | | | | | | | | |
| **Telephone Number:** | |  | | | | **Fax:** | |  | | | |  | | |

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| **REQUEST REVIEWED BY DEPT. CHAIR: APPROVED: DISAPPROVED:­­­­**  **DATE:** | | |
| **REQUEST REVIEWED BY PRINCIPAL: APPROVED: DISAPPROVED:­­­­**  **DATE:** | | |
| NOTE: ALL INFORMATION IS NEEDED IN DETAIL BEFORE ORDER WILL BE PROCESSED. | | Two copies distributed following administrative approval/funding: |
|  | | 1. Department Chairperson |
|  | | 2. Teacher |
| ACCOUNT CODE: |  | Principal retains original copy. |

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