



MEMBERSHIP FORM

Name _____

Home
Address _____

Phone Number _____

Email _____
(Please use an email that we can use to get hold of you all year round)

School Name &
Address _____

Annual Fees*:

Student: \$10 per year

Retired: \$15 per year

Professional: \$25 per year

*"Year" goes conference to conference

Please send membership fee to: Marti Edmond, Treasurer SHAPE Montana

926 7th Avenue Laurel MT 59044