



## MEMBERSHIP FORM

Name \_\_\_\_\_

Home  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

(Please use an email that we can use to get in touch with 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 form and fee to:

Marti Edgmond, Treasurer SHAPE Montana

926 7th Avenue Laurel MT 59044