



Membership Agreement Form

Name (Mr./Ms./Mrs./Dr.) _____

Title _____ School District _____

Mailing Address _____ City _____ State _____ Zip _____

Office Phone _____ Cell Phone (Optional) _____

Email _____

Administrative Assistant Name _____ Administrative Assistant Email _____

MEMBERSHIP PACKAGES >

Basic DMCouncil Membership

- Annual Superintendents' Strategy Summit
- 4 Leadership Development Meeting (LDM) registrations (Supt. + 3 district leaders)
- Member-exclusive research
- DMJournal subscription
- Weekly virtual roundtables with all member districts

\$3,500

Select Basic DMCouncil Membership

DMCouncil Executive Partner Program

Includes everything from the Basic DMCouncil Membership package plus:

- A dedicated DMGroup Executive Partner
- One half-day Strategy Session
- Access to our District Leadership Community of Superintendents
- Guided access to DMGroup research and tools

\$15,000

Select DMCouncil Executive Partner Program

Membership Terms and Payment Information

Your district's 12-month membership start date is determined once we receive your completed form and will start on the first day of the following month. We ask that payment for membership is made within 30 days of the Start Date.

Start Date _____

Signature _____

Membership Fee Payment Method *(Please choose one)*

Request Invoice Yes No **or**

Credit Card MasterCard Visa AMEX

PO Number (optional) _____

Name on Card _____

Card Number _____

Expiration (Month/Year) _____

