

## 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 >

<h4>DMCouncil Membership</h4> <ul style="list-style-type: none"> <li>• Annual Superintendents' Strategy Summit</li> <li>• 4 Leadership Development Meeting (LDM) registrations (Supt. + 3 district leaders)</li> <li>• Weekly virtual roundtables</li> <li>• Member-exclusive research</li> <li>• DMJournal subscription</li> <li>• Access to our District Leadership Community of Superintendents</li> </ul> <p style="text-align: right;"><b>\$3,500</b></p> <p>Select DMCouncil Membership</p>	<h4>DMCouncil Executive Partner Program</h4> <p><b>Includes everything from the DMCouncil Membership package.</b></p> <p><b>Plus:</b></p> <ul style="list-style-type: none"> <li>• A dedicated DMGroup Executive Partner</li> <li>• One half-day Strategy Session</li> <li>• Guided access to DMGroup research and tools</li> </ul> <p style="text-align: right;"><b>\$15,000</b></p> <p>Select DMCouncil Executive Partner Program</p>
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### 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 \_\_\_\_\_ Billing address if different from above \_\_\_\_\_

PO Number (optional) \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Email \_\_\_\_\_