



# 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 >

### DMCouncil Membership

- Annual Superintendents' Strategy Summit
- 3 tickets to DMGroup's one-day clinics
- Monthly virtual roundtable discussions
- Community of forward-thinking peers
- Member Portal
- Access to our best practices research
- 10 subscriptions to *District Management Journal*
- Member-discounts to DMInstitutes professional development programs

\$3,500

Select DMCouncil Membership

### DMCouncil Executive Partner Program

Includes everything from the DMCouncil Membership package.

Plus:

- A dedicated DMGroup Executive Partner
- One-day Strategy Session
- 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 \_\_\_\_\_

Billing address if different from above

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

Name \_\_\_\_\_

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

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

Signature \_\_\_\_\_

Email \_\_\_\_\_

