



District:	_____
Inv#:	_____
Year:	_____

Annual Membership Type – Choose One:

- PLUS \$450
- Basic \$275

Payment Options - Check One:

- Check is enclosed, payable to ***Federation for Children. With Special Needs***
- Purchase order is enclosed. Please bill me.

Type of Application: New Renewal

Type : Public School Charter School Collaborative 766 Approved Private School

SEPAC name:
SEPAC Email Address:
SEPAC Website:

SEPAC CONTACT INFORMATION: (Please fill in based on membership level.)

Basic Membership– *Three* Officers to be invited to MassPAC Listserve (*please include email address to be invited to Listserve*)

SEPAC Leader #1	SEPAC Leader #2	SEPAC Leader #3
Name:	Name:	Name:
Title:	Title:	Title:
Phone:	Phone:	Phone:
Email:	Email:	Email:

PLUS Membership – PLUS level members add two more parent names for a total of **Five** members to be invited to the Listserve

SEPAC Leader #4	SEPAC Leader #5
Name:	Name:
Title:	Title:
Phone:	Phone:
Email:	Email:

DISTRICT INFORMATION:

Name of School District:	Administrator of Special Education:
School Mailing Address:	Administrator Email:
District Website:	Administrator Phone Number: