

# MassPAC Membership Application

**Membership Options:**

Annual Fee \$499  
(includes a Basic Rights workshop)

**Payment Options - Check One:**

Check is enclosed, payable to  
**Federation for Children with Special Needs**

Please send an invoice.  
Purchase Order # \_\_\_\_\_

**Type of Application:**  New  Renewal

**School Type:**  Public School  Charter School  Collaborative  766 Approved Private School

SEPAC name:
SEPAC Email Address:
SEPAC Website:

**SEPAC CONTACT INFORMATION:**

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

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: