



**2009-2010
MEMBERSHIP APPLICATION**

Name: _____

Position: _____

School: _____

Address: _____

(box/street)

(city, state, zip+4)

School Phone: _____

Email Address: _____

Home Address: _____

(box/street)

(city, state, zip+4)

Home Phone: _____

___ **\$35 ESAND Membership Dues**

___ **\$45 NAEOP Membership Dues** (National Association of Educational Office Professionals)

Please return to: ESAND
121 E Rosser Avenue
Bismarck, ND 58501

PLEASE RETURN ONE COPY WITH PAYMENT