



Membership Application

Please complete this form and mail it along with your payment to PCCS, P.O. Box 27, West Chester, PA 19380

Note: If filling out this form using Adobe Acrobat Reader, you may enter your information directly into the blank fields below and print the completed form on your printer.

Applicant Information

Name of School or Organization: _____

Job Title or Position: _____

Address 1: _____

Title: _____ (Mr., Mrs. Ms., Dr.)

Address 2: _____

First Name: _____

City: _____

Middle Initial: _____

State: _____

Last Name: _____

Zip: _____

Suffix: _____ (Jr., III, M.D., Esq.)

Main Telephone: _____

Your Telephone: _____

Main Fax: _____

Your Email Address: _____

Web Site: _____

Membership Options

Please select one of the membership types below:

Charter School Applicant (New, First year dues) - \$1,000.00

Charter School Applicant (Renewal, Subsequent year dues) - \$725.00*

**Actual renewal fee is dependent upon student enrollment for your school. Please call our office to determine the actual renewal fee.*

Future Charter School (New OR Renewal) - \$300.00

Coalition Advocate Associate (New OR Renewal) - \$400.00

Business Associate (New OR Renewal) - \$500.00