Monthly WKSA New Membership Registration Form

Date:_____ School I.D. Number:_____ - _____

School Owner Name: _____

Please Print Clearly or Type

This Form to be sent to WKSA HQ, NO later than the 15th day of every month.
You must submit the Monthly Report, including No New Member for the month.

I.D. #	NAME	Mailling Address or e-mail Address and/or Phone Number

Total #_____ Amount: $_____

Payment by: Check:# _____ or Credit Card : _____ Please charge to Credit Card on File

PLEASE DO NOT SEND CASH