



MEMBERSHIP APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

Email: _____

Individual and Family General Membership

\$10 per year *-or-*

10 hours of documented volunteer service

Business or Organizational Memberships

\$50 Supporting Membership

\$100 Silver Membership

\$500 Gold Membership

All monetary contributions are tax deductible. Membership year lasts one year from application.

Membership Contribution \$ _____

Additional contribution to further help the Foundation reach its goals in support of Santee Schools. \$ _____

Total contribution \$ _____

I would like to volunteer _____ hours in exchange for my membership fee.

Billing Information

Please make check payable to “**Santee School District Foundation**” and send to:

Santee School District Foundation
9625 Mission Gorge Road, Suite B2, PMB#333
Santee, CA 92071
www.santeefoundation.org