



**Maine Curriculum Leaders' Association Membership**  
(July 1, 2018 - June 30, 2019)  
Individual Membership: \$150  
Leadership Team: 5 members, \$550

PO #

**Individual Membership**

**Name** \_\_\_\_\_  
Title/Role \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

**Leadership Team Membership**

**Contact's Name** \_\_\_\_\_  
Title/Role \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Name** \_\_\_\_\_  
Title/Role \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Name** \_\_\_\_\_  
Title/Role \_\_\_\_\_  
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City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Return form with check or PO payable to MCLA to: Heidi McGinley, 12 Vining Street, Lisbon Falls, ME 04252 or scan and email with PO to [director@mainecla.org](mailto:director@mainecla.org)**