

OKLAHOMA SCHOOL VIDEO CONSORTIUM

MEMBERSHIP APPLICATION

Please include _____ in the Oklahoma Video Consortium.

I understand that this contract is for the 2009-2010 school year and will be renegotiated for succeeding years. I am aware of the rights and responsibilities of membership and enclose a purchase order according to the following license fee schedule:

_____ District with 100 or less ADM	\$200.00
_____ District with 101 to 1,500 ADM	\$300.00
_____ District with 1,501 to 4,000 ADM	\$450.00
_____ District with over 4,000 ADM	\$600.00

Superintendent's Signature

Superintendent's Name

Street Address

City

State

Zip

Telephone Number

NOTE: Mail this form

and your purchase order to:

Oklahoma School Video Consortium

Lawton Public Schools Professional Development Center

2209 NW 25th Street

Lawton, Oklahoma 73505

Phone: (580) 585-4651

Fax: (580) 585-6404

E.mail: ddenham@lawtonps.org

Upon receipt of your purchase order we will acknowledge membership and request. Please list below the contact person for your district. There will be **one person** responsible for the project in your district and to whom we will send catalogs, master tapes, broadcast schedules, etc.

Purchase Order # _____

Name

Title

Site

Street

(No P.O. Box Numbers Please)

Email Address

City

State & Zip

Telephone Number