

OKLAHOMA SCHOOL VIDEO CONSORTIUM

MEMBERSHIP APPLICATION

Please include _____ in the Oklahoma Video Consortium.

I understand that this contract is for the 2008-2009 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.

Name

Title

Site

Street

(No P.O. Box Numbers Please)

Email Address

City

State & Zip

Telephone Number