

# OKLAHOMA SCHOOL VIDEO CONSORTIUM

## MEMBERSHIP APPLICATION

Please include \_\_\_\_\_ in the Oklahoma Video Consortium.

I understand that this contract is for the 2007-2008 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](mailto: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