

Membership Application

District Name: _____

Student Enrollment: _____ (October, 2008)

District Office Address: _____ City _____ Zip _____

Superintendent: _____

Phone Number: _____ FAX Number: _____

Superintendent E-mail: _____

Mathematics/Science Curriculum Director: _____

Curriculum Director Phone: _____ E-mail: _____ FAX: _____

Criteria For Membership

- I. Superintendent attendance at Management Council meetings. (If an emergency arises, a designee should attend.)
- II. Commitment to achieving the SMART Stretch Goals.
- III. Participation in SMART professional development activities and initiatives.
- IV. Board resolution authorizing membership.
- V. Letter of commitment from the Superintendent
- VI. Payment of yearly support stipend.

Support stipends are due annually on or before September 1st. The amount is based on school district size:

| District Size | Number of Students | Stipend |
|---------------|--------------------------|---------|
| Large | Over 9000 students | \$4000 |
| Medium | Over 4000 but under 9000 | \$3000 |
| Small | Under 4000 | \$2000 |

Note: Educational Service Centers and Vocational/Career Centers are treated as small districts.

Acceptance Signature

Superintendent

Date