



# 2024-25 SIRS District Membership Application

**Membership Year:**  
July 1, 2024 – June 30, 2025

**School District/ESD:** \_\_\_\_\_ **Current FTE:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **District Ph:** \_\_\_\_\_

**Superintendent Name:** \_\_\_\_\_

**Superintendent Email:** \_\_\_\_\_ **Ph:** \_\_\_\_\_

| Student FTE:  | Annual Fee: |
|---------------|-------------|
| 0-500         | \$285.00    |
| 501-1,000     | \$405.00    |
| 1,001-2,500   | \$525.00    |
| 2,501-4,100   | \$755.00    |
| 4,101-6,200   | \$985.00    |
| 6,201-10,000  | \$1,215.00  |
| 10,001-15,000 | \$1,440.00  |
| 15,000+       | \$1,665.00  |
| ESD/Org:      | \$530.00    |

**Please return completed enrollment form to [kvonvolkli@wasa-oly.org](mailto:kvonvolkli@wasa-oly.org)**

**CHECK** (Please return a copy of this form with your check payment).

Purchase Order #: (if applicable): \_\_\_\_\_

**Send Invoice to:**

Email: \_\_\_\_\_

Mail: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**CREDIT CARD** (Visa, Mastercard)

Card Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Receipt: \_\_\_\_\_

**School Information Research Survey (SIRS)**

PO Box 14459

Tumwater, WA 98511

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