



2025-26

SIRS District Membership Application

Membership Year:
July 1, 2025– June 30, 2026

School District/ESD: _____ **Current FTE:** _____

Address: _____

City: _____ **Zip Code:** _____ **District Ph:** _____

Superintendent Name: _____

Superintendent Email: _____ **Ph:** _____

Student FTE:	Annual Fee:
0-500	\$328.00
501-1,000	\$466.00
1,001-2,500	\$604.00
2,501-4,100	\$868.00
4,101-6,200	\$1,133.00
6,201-10,000	\$1,397.00
10,001-15,000	\$1,656.00
15,000+	\$1,915.00
ESD/Org:	\$610.00

Please return completed enrollment form to 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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