

Share Center Individual School Application 2024-2025 School Year

**THIS IS A TYPEABLE FORM. SIMPLY INPUT THE INFORMATION
REQUESTED IN EACH OF THE ENTRY FIELDS.**

School System:		Date:	
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Superintendent:		Email:	
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School Name:	
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Principal:		Email:	
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Billing Contact Person:		Title/Roll	
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Email:	
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Billing Address:	

Telephone		Fax	
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BEST EMAIL(S) TO RECEIVE OUR MONTHLY NEWSLETTER:

ANNUAL MEMBERSHIP RATE:

1.	Number of Students		X \$2.50 (per student)	=	
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2.	Number of Teachers & Ed Techs		X \$2.50 (per Staff Member)	=	
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3.	Other Professionally Licensed Staff (O.T., P.T., Social Worker, S.R.O., etc)		X \$2.50 (per Staff Member)	=	
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YOUR SCHOOL'S ANNUAL MEMBERSHIP RATE IS THE GREATER OF THE TWO TOTALS BELOW. THE MINIMUM MEMBERSHIP FEE FOR A SCHOOL IS \$500.

<input type="checkbox"/>	Total of Lines 1 through 3 above:	
<input type="checkbox"/>	\$500 (Minimum Membership Fee)	

PLEASE INCLUDE THE FOLLOWING WHEN MAILING IN YOUR APPLICATION:

1. Your Application
2. A check made out to SHAREcenter
3. A copy of your school's tax id number (Required Each Year)
4. Admin Secretary Name & Email

Admin Secretary:		Phone/Ext	
Email			

Mail your packet to:
SHAREcenter PO BOX 216
Physical Address: 1830 Lisbon Street, Lewiston, Maine 04240
Website: <https://www.sharecenterme.org/>

Jonathan Carsley, Chairman of the Board jcarsley@sharecenterme.org
 Gregory Reed, Treasurer & Members Only Store Manager gregory.reed@sharecenterme.org

Visit us on Facebook for information on our events and updates on items available in our teacher store: <https://www.facebook.com/auburnsharecenter>

Members Only Store Hours are currently: Tuesday and Wednesday 2 to 5 p.m. and the first two Saturdays of each month 9 a.m. to noon

-----*FOR OFFICE USE ONLY*-----

Date Received		Invoice #	
Check #			