

FED ED MEMBERSHIP FORM / INVOICE

_____ District / Sponsor Name	_____ Superintendent or Key Contact Person
_____ Street Address	_____ E-Mail (all FED ED correspondence will be sent to this e-mail)
_____ City / Zip Code	_____ Telephone
_____ District Enrollment (if applicable)	_____ Fax

Member Annual Dues: \$325.00

Please send completed membership form and dues check to:

FED ED
546 E. Delgado Drive
Suite 100
Palatine IL 60074
(312) 215-6312

Your continued support and involvement in FED ED strengthens our impact.

Thank you!



546 E. Delgado Dr
Suite 100
Palatine, IL 60074



judyhackett1776@gmail.com
tthomas97531@gmail.com



Dr. Judy Hackett
+630.878.0250
Dr. Tim Thomas
+312.215.6312



www.thefeded.org