

**Maine Parent Federation, Inc.
MEMBERSHIP FORM**

Name: _____

Address: _____

Telephone: _____ Cell: _____

Email: _____

I am a: Parent ____ Family Member ____ Professional ____ Educator ____ Other ____

_____ I am a parent or family member. I request a waiver of the \$10.00 membership fee. Please send me a paper copy of the newsletter, *Parent Connection*. I understand that this waiver does not include MPF membership.

_____ I am a parent or family member, \$10.00 MPF membership fee, which includes a newsletter subscription, is enclosed.

_____ I am a professional/educator/other, \$20.00 MPF membership fee, which includes a newsletter subscription, is enclosed.

_____ I would like to receive a copy of the MPF newsletter by email at address above (no cost).

_____ I will access the newsletter on the MPF website (no cost).

Mail to: MPF, PO Box 2067, Augusta, Maine 04338