## **Education Technology JPA Associate Membership Application**

\*\*This form must be accompanied by the executed Associate Membership Agreement. A template board resolution authorizing membership with the Education Technology JPA is available on the <u>Becoming A Member</u> page.

Public agencies with a valid CDS Codes will be provisionally approved for membership upon receipt of the completed Application and Associate Membership Agreement. Formal action to approve new Associate Members will occur at the next regularly scheduled <u>Ed Tech JPA board meeting</u>.

| Full Name of Designated Representative *  |                         |                                |                                  |                            |
|---|-------------------------|--------------------------------|----------------------------------|----------------------------|
| Title *   |                         |                                |                                  |                            |
| Email of Primary Contact *  |                         |                                |                                  |                            |
| Street Address *  |                         |                                |                                  |                            |
| City *  |                         |                                |                                  |                            |
|   |                         |                                |                                  |                            |
| State *   |                         |                                |                                  |                            |
| County  |                         |                                |                                  |                            |
|   |                         |                                |                                  |                            |
| Zip *   |                         |                                |                                  |                            |
|   |                         |                                |                                  |                            |
| Phone *   |                         |                                |                                  |                            |
| Ext   |                         |                                |                                  |                            |
| Fax   |                         |                                |                                  |                            |
| CDS Code  Current Enrollment:  Please list RFPs/Contracts your organization is interested in  | leveraging              |                                |                                  |                            |
| Upload Executed Associate Membership Agreement *  Choose File No file chosen  Files must be less than 2 MB.  Allowed file types: pdf. |                         |                                |                                  |                            |
| Additional Information If you would like to add additional people from your organization, please enter                                | er the Name, Title, and | Email Address for additional L | lser Names you would like issued | for this Associate Member. |
|   |                         |                                |                                  |                            |
| Chief Business Officer  |                         |                                |                                  |                            |
| Chief Technology Officer  |                         |                                |                                  |                            |
| Procurement Director  |                         |                                |                                  |                            |
| Superintendent  |                         |                                |                                  |                            |
| Submit  |                         |                                |                                  |                            |