



MEMBERSHIP APPLICATION

Date: _____

Organization Name: _____
(as it appears on IRS tax-exemption letter)

GENERAL CONTACT INFORMATION

Organization's Mailing Address: _____
(include street address)

Phone: _____ Fax: _____ E-Mail: _____

Web Site: _____

Executive Director / CEO (Dr./Mr./Ms.): _____

Official Title: _____

Board Chair / President (Dr./Mr./Ms.): _____

Affiliation: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

GENERAL FINANCIAL INFORMATION

Please indicate beginning and end dates of your fiscal year.

Begins: _____ Ends: _____

Please provide total expenditures as reported on most recent Internal Revenue Service Form 990, Line 17.

\$ _____

MEMBERSHIP CRITERIA

PEN membership is open to any organization that demonstrates the following criteria. Please provide the information requested for the criteria, listed below.

1. *Independent, non-profit organization officially recognized by the Internal Revenue Service as tax-exempt under Section 501(c)(3) of the Internal Revenue Service Code.*

PLEASE SUBMIT:

- A current, legible copy of IRS letter of tax-exemption.
- A current copy of the board of directors by-laws.

2. *Focused on the improvement and reform of the public school system as a whole.*

PLEASE SUBMIT:

- A description of current and planned strategies and activities supporting this criterion.

3. *Working in a public school system that serves a significant population of low-income, at-risk students.*

PLEASE SUBMIT:

- The name of the school district(s) and number of schools within that district(s) your organization serves.
- For each district, indicate the percentage of Pre K-12 students, eligible for free or reduced lunch. If possible, provide a separate number for elementary [Pre K-8] and secondary [9-12] students.

These data can usually be obtained by contacting the central office of each school district. Please call PEN if you have any questions or difficulty in obtaining this information. The information submitted may be verified by PEN staff through data collected by the National Center for Education Statistics (NCES), U.S. Department of Education and/or other sources.

4. *Committed to the mission and values of PEN. Once accepted, you will adopt the identity system developed for PEN members as indicated below. If you have questions regarding the use of the identity system, please contact PEN.*

PEN'S GUIDING VALUES

- Public education is fundamental to a democratic, civil, and prosperous society.
- Public schools are the critical institutions for breaking the cycle of poverty and redressing social inequities.
- To be effective, education reform must be systemic.
- Public engagement, community support, and adequate resources are essential to the success of public education.
- Parents and care-givers must be involved in any attempt to improve public schools.
- Independent, community-based organizations must play a central role in building and sustaining broad support for high quality public education and for achieving significant reform in the nation's public schools.

PEN IDENTITY SYSTEM

Public involvement. Public education. Public benefit.

Member, Public Education Network

PLEASE SUBMIT:

- A copy of the organization's mission statement, and any other relevant documentation supporting this criterion.

5. *Organized as an ongoing entity with professional staff and board of directors reflective of the community served.*

PLEASE SUBMIT:

- A complete list of organization's board members, including affiliations and addresses. The list should also identify board officers.
- Résumés of executive director/CEO and other key staff.
- A copy of most recently audited financial statement.
- A copy of current fiscal year's operating budget.
- A list of the three largest sources of funds for your organization for the last two fiscal years.

MEMBERSHIP DUES

Membership dues are calculated using the total expenditures as reported on the most recent Internal Revenue Service Form 990, line 17.

PLEASE SUBMIT:

- A copy of the top sheet of the most recent IRS Form 990.

Using the dues schedule on the back of this application, please write below the correct annual membership dues for your organization. ***Do NOT send a check with this application.*** Upon application approval, you will be invoiced for the pro-rated amount of dues for the current fiscal year.

Dues Amount: \$ _____

ATTACHMENTS

In addition to the attachments requested above to support meeting the membership criteria, please furnish the following items (if they exist).

PLEASE SUBMIT:

- An organizational chart.
- Brochures and/or other published materials that describe current projects or other efforts.
- Most recent annual report.
- Strategic Plan and/or other short-term, or long-term, planning documents.

ASSURANCES

We, the undersigned, verify that the information contained in this application and the supporting documents that have been submitted is true and accurate. We have carefully reviewed the criteria for membership and believe that the organization meets all of the criteria, without exception. We also promise to respond promptly to the annual members' survey.

Board Chair / President

Date: _____

Executive Director/CEO

Date: _____

PUBLIC EDUCATION NETWORK

2005 MEMBERSHIP DUES SCHEDULE

ORGANIZATION BUDGET	AMOUNT
\$99,999 and under	\$1,000
\$100,000 – \$149,999	\$1,250
\$150,000 – \$199,999	\$1,500
\$200,000 – \$249,999	\$1,750
\$250,000 – \$299,999	\$2,000
\$300,000 – \$349,999	\$2,250
\$350,000 – \$399,999	\$2,500
\$400,000 – \$999,999	\$2,750
\$1,000,000 and above	\$3,000

Membership dues are calculated using the total expenditures as reported on the most recent Internal Revenue Service Form 990, Line 17.