



WCSA
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CHARTER SCHOOL MEMBER APPLICATION

Please complete this form, and mail with either a
Purchase Order Number _____ or a check payable to the WCSA, to:

Wisconsin Charter Schools Association
P.O. Box 1704
Madison, WI 53701

Charter School Membership --- \$200 (Annual)

CHARTER SCHOOL INFORMATION

Charter School Name: _____

Charter School Address: _____

City/WI/Zip: _____

School Authorized By: _____

Charter School Site Leader (Principal, Director or Lead Teacher): _____

School Phone: _____

School Website URL: _____

Grade Levels: _____ Number of Students: _____

Year School Opened _____

Focus of the School _____

NAMES OF TWO VOTING REPRESENTATIVES

Identify the names of two designated representatives of your charter school who will receive WCSA communications and be entitled to vote for WCSA directors.

First Representative

Second Representative

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

City and Zip: _____

City and Zip: _____

Day Phone: _____

Day Phone: _____

Email: _____

Email: _____