



HASCD Membership Form

Please complete and mail (see address below)

New Membership (\$25/year) Membership Renewal (\$25/year)

ASCD Member? Yes No

Name _____

Address _____

City _____ Zip _____

Phone (day): _____ (evening): _____

Email (please do not provide a Lotus Notes email address):

School/Organization

Name _____

City/Island _____

Your Position _____

Level(s) Taught _____

Program/Topic Interests: _____

Make check payable to **HASCD** and mail to:

HASCD, P.O. Box 30006, Honolulu, HI 96820

Your cancelled check is your receipt.