

## **2023-2024 Policy Services Membership**

| Policy Services Me      | embership District Liaison:  |
|-------------------------|--|
| District Name:          |  |
| District Address:       |  |
| District's Contact Name | ş*:  |
| Contact's Title:        |  |
| Contact's Email Addres  | s:   |
|                         | ed above will receive your district's <i>policy</i> email alerts, a username and password to log into<br>rg, and any additional correspondence issued by Policy Services either electronically or via ma |
|                         | ff and/or board members wish to receive <i>policy</i> email alerts, please include their contact the back of the form if necessary).   |
| Name:                   |  |
| Email Address:          |  |
| Name:                   |  |
| Email Address:          |  |
| Name:                   |  |
| Email Address:          |  |
| Name:                   |  |
| Email Address:          |  |
| Name:                   |  |
| Email Address:          |  |
| Nama                    |  |

| Email Address: Name: Email Address:                                      |  |  |
|--|--|--|
| Name:  |  |  |
| Email Address: Name:   |  |  |
| Email Address:   |  |  |
| Name:<br>Email Address:  |  |  |
| A digital format of this form can be found at https://policy.ndsba.org/. |  |  |

## **Payment Details**

Please enclose a check to NDSBA for the amount owed and return this form to: 1224 West Owens Avenue, Bismarck, ND 58501-1385