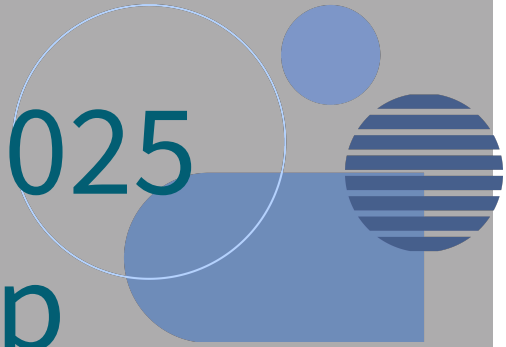


Membership

DATAG 2024-2025 Membership



MEMBER NAME: _____

EMPLOYER: _____

JOB TITLE: _____

WORK EMAIL ADDRESS: _____

MEMBERSHIP TYPE: (please select one)

General: \$255 _____

NYSED : \$0 _____ (must have nysed email domain)

If you are also registering for the DATAG Summer Conference, please STOP and complete the Summer Conference Registration form instead. DATAG Membership is included in the conference registration fee .

PAYMENT INFORMATION (please select one type):

_____CHECK _____PO _____CREDIT CARD CHECK OR PO NUMBER: _____

NAME ON CARD _____

CARD NUMBER: _____

CVC: _____

SIGNATURE: _____ EXPIRATION: _____

Please send form with your purchase order or payment to:
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