



Library of School Schedules Membership Form:

Name of School or Organization: _____

Full Name: _____

Email Address: _____

Telephone Number: _____

Address _____

Please make sure to include the correct email address, as this will be the method we use to contact you and to activate your account.

In order for activation to occur, this form must be accompanied by a check, money order or approved purchase order for \$250. Checks should be made out to School Scheduling Associates, LLC.

Please return your information to:

School Scheduling Associates, LLC
5872 Wyant Lane
Charlottesville, VA 22903