



# MEMBERSHIP FORM

WHOLE SCHOOL

Classroom Profiling Association Consequences Descriptive Attending Redirecting Proactive Expectations Body Language Choice Selective Relationships Waiting Profiling Verbal Follow Positive Rules Cueing Routines Classroom Association Consequences Descriptive Attending Redirecting Proactive Expectations Body Language Choice Selective Relationships Waiting Instruction Giving Profiling Verbal Follow Positive Rules Cueing Routines Classroom Association

School Name					
Mailing Address					
Town/Suburb		State		Postcode	
Phone		Country	AUSTRALIA		
Principal			Principal email		
BSM Name			BSM email		

**Profilers covered by School Membership**

\*\* If Profiler listed is a new membership please indicate next to name or enter CPA number in Level of Training column \*\*

**IMPORTANT** - Please nominate 1 to 2 staff listed below as additional CP School Contact by using the check box next to their name.

	First Name	Surname	Email	Level of Training & CPA #
<input type="checkbox"/>	Neil	Lethere	member@member.com	CP Level 1 CPA 2167
<input type="checkbox"/>				
<input type="checkbox"/>				
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Please add pages if required

Whole School Membership Fee Structure	
Up to Band 7 (up to 350 STUDENTS)	\$250.00
Bands 8 & 9 (351 to 800 STUDENTS)	\$400.00
Bands 10 & 11 (over 801 STUDENTS)	\$500.00
<b>LIGHT HOUSE SCHOOL</b> (30% Discount for entire school membership) Staff list required with this application	
<b>Day 8 enrolled student numbers</b>	
Total Amount Due	

**Payment Method**

**\*\* DO NOT PAY ON THIS FORM. WE WILL SEND YOU AN INVOICE\*\***

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Complete form and send to [info@classroomprofiling.com](mailto:info@classroomprofiling.com)

<b>Office Use</b>	
Invoice date _____	Entered <input type="checkbox"/>
Invoice Number _____	Email Confirmation sent <input type="checkbox"/>
	Date completed _____