

Arizona Evaluation Network (AZENet) Membership Form

To become a member of AZENet, please complete the following form. If you are paying your membership dues by check, please make your check payable to the **Arizona Evaluation Network**.

Today's Date: _____

First Name: _____ Last Name: _____

Please check one:

- New Member
- Membership Renewal
- Change of Address/Information

Type of membership:

- \$35.00 yearly (regular membership)
- \$15.00 yearly (full-time student membership)

Highest degree earned:

- Bachelors
- Masters
- Doctorate
- Other: _____

Job title: _____

Primary role and responsibility:

- Evaluator
- Data Analyst
- Program Manager
- Researcher
- Student

Organization: _____

The following mailing address is my:

- Business address for the above organization
- Home address
- Other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best number to reach you during the day: () _____

Email address: _____

This section is for those requesting full-time student membership or membership renewal

Name of School: _____

Concentration of study: _____

Degree currently sought:

- Bachelors
- Masters
- Doctorate
- Other: _____

Can we share your contact information with the AZENet membership via our member directory?

- Yes
- No