

## **Mission Statement**

The Pullman Education Foundation operates exclusively for charitable and education purposes to improve the quality of public education in the Pullman School District and provide a means of enhancement.

## **Membership Application**

| Name:   |  |   |
|---|--|---|
| Email:  | Phone:                                       |   |
| Address:  |  |   |
| Do you have children? No Yes Ages?                              |  |   |
| If Yes, are they currently students in the Pullman Scho Grades? | ool District? No Yes                         |   |
| Please list current job and/or volunteer activities:            |  |   |
|   |  |   |
| Why do you want to be a member of PEF?                          |  |   |
|   |  |   |
| References (name and email and/or phone number):                |  |   |
| 1.  |  |   |
| 2.  |  |   |
| Thank you for your interest!                                    |  |   |
| The application may be emailed to the Board of Direct           | tors at PullmanEducationFoundation@gmail.com | n |

or mailed to: Pullman Education Foundation; PO Box 151; Pullman, WA 99163