



Palmetto Charter Network
Expanding Educational Opportunities for South Carolina's Children

Membership Application
Charter School Information:

Charter School Name: _____

Charter School Address: _____
City/State/Zip: _____

School Phone: _____ Fax: _____
School E-mail: _____ Website: _____

School Authorized By: _____ District Sponsor (_____) _____ SCPCSD

Charter School Site Leader (Principal, Director, Administrator): _____

Grade Levels: _____ Number of Students: _____
Year Opened: _____ Focus of School: _____

Name of Voting Representative:

Identify the name of the designated member of your charter school who will receive PCN communications and be entitled to vote on PCN matters requiring member participation.

Name: _____ Title: _____
Address: _____ City/St/Zip: _____
Day Phone: _____ Email: _____

Charter School Membership Levels:
The number of students should be
the physical student count as of
September 1st.

1-100 Students \$175.00
101-300 Students \$250.00
301-500 Students \$325.00
Over 500 Students \$400.00
Planning Groups \$100.00
Corporate Sponsors \$500.00

Make checks payable to: **PCN**

Complete this form and mail to: Palmetto Charter Network
805 Plantation Point Drive
North Augusta, SC 29860

For more information please visit our website at www.palmettocharternetwork.org