



APPLICATION FOR MEMBERSHIP

SCHOOL NAME:

NAME/TITLE OF
DEAN/PRINCIPAL:

ADDRESS:

Telephone: Fax: E-mail:
Website:

Date:

Submit this form as the coversheet to the application for UNICON membership.

Send the application along with illustrative attachments and a letter from the school's Dean/Principal to:

Bill Scheurer Executive Director
UNICON
140 Interlachen Lane
Tonka Bay, Minnesota 55331 USA

(Telephone: 952-401-3805 Fax: 952-470-7967)

Submit your application as a word document to w@tscheurer.com to expedite its review by the Membership Committee.