



Membership Application

School Leaders Risk Management Association

155 North Wacker • Suite 3700 • Chicago, Illinois 60606-1731

Phone (312) 906-8111 • Fax (312) 930-7235 • SLRMA.org

1. Legal Name of School District/Educational Entity: _____
2. Complete Address: _____
3. Telephone Number: _____ Fax Number: _____
4. a. Name of Business Manager/Superintendent: _____
b. E-mail Address: _____
5. a. Number of School Districts: _____
b. Total enrollment for all school districts: _____
c. If a cooperative, specify the number of students you provide services for: _____

General Information

6. What areas of school board legal liability would your district/entity be interested in receiving information on? Check all that apply.

- No Child Left Behind Act Student Suspensions
 Background Checks Other: _____

Employment Practices

7. What areas of employment practice liability would your district/entity be interested in receiving information on? Check all that apply.

- Discrimination Wrongful Termination
 Harassment Fair Labor Standards Act Other: _____

Practices and Procedures

8. a. Would your district/entity like online access to a written policy for loss prevention and loss control? Yes No
- b. Would your district/entity like assistance in assessing your level of compliance with the Fair Labor Standards Act? Yes No
- c. Does your district/entity utilize policies and procedures of its state school board association? Yes No
- d. How is your district/entity alerted to changes in school codes, other laws, and regulations? Check all that apply.

- Legal Counsel Association Website Other: _____

9. Person designated to receive all notices from School Leaders Risk Management Association and have access to services.

NAME:

TITLE:

ADDRESS:

*If an entity with multiple school districts, please forward an electronic listing of all school districts and designated representative to PerryB@SLRMA.org.

By: SIGNATURE OF BUSINESS MANAGER/SUPERINTENDENT

Date:

Please provide the following information for each individual you designate to receive SLRMA material:

Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms.			
Title		School/Educational Entity	
Organization ID	Phone	Email Address (will be used for your login)	

Organization ID (For group membership only. This field is your unique key or ID for each school district or entity. SLRMA uses your internal ID to ensure our member information remains consistent with your information and designated recipients.)

Group Membership: Please provide the list electronically in an excel, .csv, or tab delimited format.

DISCLAIMER: School Leaders Risk Management Association is not engaged in the practice of law and any information provided shall not constitute a legal analysis or legal advice. We recommend you consult a lawyer if you want professional assurance that our information, and your interpretation of it, is appropriate to your particular situation.

(Membership in SLRMA is \$.05 per enrollee, subject to a \$50.00 minimum and a \$10,000 maximum)