



EDUCATIONAL RESOURCES PARTNER APPLICATION/RENEWAL

School/Agency Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ School/Agency Website: _____

Faith Affiliation: Lutheran Church-MO Synod Evangelical Lutheran Church in America
 Other _____

Administrator: _____ Email: _____

Enrollment information:

Early Childhood Program (approx.): _____

Elementary School: K-8 enrollment (approx.) _____

Total number of teachers, full and part-time: _____

Fee

\$500 per year, effective July 1 through June 30 of each school year in which fees are paid.

Return form and check to:
Laura Montgomery
Lutheran Elementary School Association
11123 South Towne Square, Ste. F
St. Louis, MO 63123
lmontgomery@lesastl.org
Fax: 314-200-0890

Credit Card Payment: \$500 membership fee + 3% credit fee = \$515

Card Type:

Visa Mastercard Discover American Express

Card Number: _ _ _ _ - _ _ _ - _ _ _ - _ _ _

Exp. Date: _ _ / _ _ 3-digit security code from back of card: _ _ _

Card Holder Name: _____

Billing Address (if diff. from school address): _____

Signature: _____