



**Barter or Buy
Professional Development
Exchange Program**

Membership Agreement

I have read, understand, and agree to abide by the [terms](#) of the Barter or Buy Professional Development Exchange Program. Within 10 days of receipt of this form, KIDS will e-mail the contact listed below with program access information.

Member District/School _____

Contact _____

Contact E-mail _____

District/School Address _____

CSZ _____

Contact Phone _____

Fax _____

Number of staff members _____

Superintendent or Principal signature

Date

Please mail to:
KIDS
Attn: Lori Whitman
300 Heart Boulevard
Loves Park, IL 61111

or fax to:
Lori Whitman
815/636-3069