

NMREAP Membership Form

District Name: _____

Mailing Address:

Attention: _____ Position: _____
Street Address: _____
City: _____ State: _____ Zip _____

Preferred Contact Method: (Check one): E-mail _____ US Mail _____ Fax _____ Phone _____

Telephone Contact: (_____) _____ - _____ Extension: _____

Telephone Contact Name: _____
(This should be someone such as a personnel officer who would be able to answer questions from REAP personnel if any problems or questions arise.)

Fax Number: (_____) _____ - _____ Extension: _____

Personnel Office E-mail Address: _____

Applicant Phone Contact: (_____) _____ - _____
(Please indicate the phone number that applicants should call to contact your personnel office. This phone number will be displayed on your job postings.)

Authorized Person:

Title: (Mr., Ms., Dr. etc) _____ First Name: _____ Last: _____
(Only this person will be authorized to change the password. This information will be used by REAP personnel only)

Password Requested:

Rules for designing password:

1. Password must not have any internal blanks.
2. 8 character minimum, 16 character maximum.
3. Should be a combination of uppercase, lowercase, numbers and/or punctuation.
4. Should not contain dictionary words.
5. No quasi-dictionary words. IE: pa55w0rd
6. Password can NOT be same as your username.
7. Password can NOT be reverse of your username

Person authorized to post and update jobs:

First Name: _____ Last: _____
E-mail Address: _____

If your school district has an Internet homepage, please enter the address below:

http:// _____

Valuation:

	Number of Schools	Number of Students
Elementary:	_____	_____
Middle Schools:	_____	_____
High Schools:	_____	_____
Special Schools:	_____	_____
Total:	_____	_____