



**Alabama State Department of Education**  
**Office of Federal Programs**

**Committee of Practitioners**  
**Membership Form**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

\_\_\_\_\_ **Yes, I will serve on this committee for three years.**

\_\_\_\_\_ **No, I will not serve on this committee for three years.**