

ICTM MEMBERSHIP APPLICATION FORM

Clip out this page and mail it with your payment to the address below.

- New Member
 Reinstatement
 Renewal
 Change of Address

Name _____ Member Number _____

Check preferred mailing address. Please complete BOTH columns.

- | | |
|--|--|
| <input type="checkbox"/> Home
Street Address: _____
City: _____
State: _____
Zip Code: _____
Phone: _____
Email: _____ | <input type="checkbox"/> Work
School Address: _____
City: _____
State: _____
Zip Code: _____
Phone: _____
Email: _____ |
|--|--|

Regional Office of Education

NCTM Member? Yes No

Profession: (check only one)

- EC-3 Teacher
- 4-6 Teacher
- Jr. High/Middle Teacher
- Sr. High Teacher
- Special Education Teacher
- Community College
- College/University
- Administration
- Retired
- Student
- Institutional Member
- Other
- Other

Interests: (check up to three)

- Remedial
- Gifted
- Teacher Education
- Assessment
- Certification
- Multicultural Education
- Teacher Evaluation
- Professional Development
- Scholarship
- Technology
- Research
- Math Contest

SPECIAL OFFER:

Between April 15, 2009 and March 31, 2010, purchase a three-year membership for only \$90. After March 31, 2010, the price for a three-year membership will be \$100.

Please note, the ICTM membership year ends on November 5, and memberships are not prorated. However, memberships purchased between April 1 and November 4 will be active for the full membership cycle purchased, PLUS a grace period between the date of purchase and November 5, the beginning of the next full membership cycle.

Dues for ICTM Membership:

Regular member

- one year \$35
- *three years \$90
*(This special rate expires 3/31/2010)
- five years \$160

Student Member

- one year \$20

(This rate is reserved for full-time, baccalaureate pre-service students only)

Retired Member

- one year \$30

Institutional Member

- one year \$100

(The name of classroom teacher in the blank at the top of this page will be used as the contact teacher for the institutional membership. Please make sure to indicate a contact person.)

If recruited as a new member by a current member, please list the recruiter's name _____

Mail this application and a check or money order payable to: **EASTERN ILLINOIS UNIVERSITY**

ICTM Membership
 School of Continuing Education
 Eastern Illinois University
 600 Lincoln Avenue
 Charleston, IL 61920-3099

Total Enclosed: \$ _____