Illinois Math Teacher Educators

MEMBERSHIP APPLICATION

_____New Member _____Renewal

Name _____

Check preferred mailing address. Please complete both columns.

___ Home ___ Work

_____ _____

_____ _____

City_____ City_____

Zip_____ Zip_____

Phone_____ Phone_____

Email_____ Email_____

Please check all that apply: I am a math educator at the following level(s):

___State	___University/College	___Author
___District	___Senior High School	___Consultant/Independent
___Building	___Junior High School	___Student
___Publisher	___Elementary School	___Retired
___Other		

Dues for IMTE Membership:

___One Year	$10
___Three Years	$25
___Student	$ 5

Dues enclosed: $_____

With this form, i nclude a check
Payable to ***Illinois Math Teacher Educator***
and mail to:

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