



Illinois Math Teacher Educators

MEMBERSHIP APPLICATION/RENEWAL

www.mste.uiuc.edu/imte

_____ 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):

<input type="checkbox"/> State	<input type="checkbox"/> University/College	<input type="checkbox"/> Author
<input type="checkbox"/> District	<input type="checkbox"/> Senior High School	<input type="checkbox"/> Consultant/Independent
<input type="checkbox"/> Building	<input type="checkbox"/> Junior High School	<input type="checkbox"/> Student
<input type="checkbox"/> Publisher	<input type="checkbox"/> Elementary School	<input type="checkbox"/> Retired
<input type="checkbox"/> Other		

Dues for IMTE Membership:

___ One Year \$10
___ Three Years \$25
___ Student \$ 5

Dues enclosed: \$ _____

With this form, include a check payable to:

Illinois Math Teacher Educators

Please mail to:

Barbara O'Donnell, Treasurer IMTE

Campus Box 1049

Southern Illinois University Edwardsville

Edwardsville, IL 62026-1049

618.650.3422

bodonne@siue.edu