



*Illinois Math Teacher Educators*

MEMBERSHIP APPLICATION/RENEWAL

[www.mste.uiuc.edu/imte](http://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***  
and mail to:

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