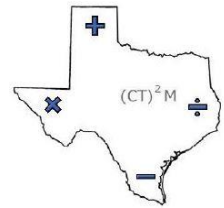


Central Texas Council of Teachers of Mathematics



Membership / Information Form

All information provided is confidential and not available to outside sources without the express written permission of the CTCTM Executive Council.

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Name of School _____ Your Position _____

Home Phone (_____) _____ Work Phone (_____) _____

Preferred Email _____

Are you a member of NCTM? (Circle) yes no

Are you a member of TCTM? (Circle) yes no

Please join or renew your membership to NCTM online (www.nctm.org), using the pull-down menu to indicate that you are a member of CTCTM. NCTM gives CTCTM a small portion (\$3 - \$5) of your membership, which really helps us.

Please check one of the following:

School Type: _____ Public
_____ Nonpublic

Check those that best describe your level of involvement:

_____ Teacher _____ P-2
_____ Student _____ 3-5
_____ Counselor _____ 6-8
_____ Principal _____ 9-12
_____ Supervisor _____ University
_____ Other: _____

Annual Dues:

Regular Membership \$15.00

Student Membership \$5.00

Make check payable to **CTCTM**.

Mail to:

Lianne Jones

Baylor University

One Bear Place #97314

Waco, TX 76798

ADMINISTRATIVE USE ONLY

Date Entered/Renewed _____

Amount Paid _____

Membership Expiration _____

Acknowledgment Sent _____