

TEAM Membership Application (2011-2012)

Semester(s) for Membership: (circle one)	Fall 2011 only - \$5 Fall 2011 and Spring 2012 - \$10 Spring 2012 only - \$5
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Name	
Mailing Address	
Home Phone	
Work Phone	
Cell Phone	
Email address(es)	
Are you a member of the National Council of Teachers of Mathematics?	Yes No
If yes, please provide your membership ID number and expiration date.	Membership ID Number: Expiration Date:

Tarleton Students: Please complete this section.	
Major	
Minor (if applicable)	
Certification Level (circle one)	EC – 6 4-8 8-12 All-Level
Teaching Field/Specialty (if applicable)	
Expected Graduation Date	

In-Service Teachers, Administrators, etc....: Please complete this section.	
Your Title	
School Name	
Department Name (if applicable)	
School Mailing Address	
School Phone Number	

Today's Date: _____

Membership Dues Amount: \$ _____

Type of Payment: Check Cash

Check Number: _____

T.E.A.M. Representative Handling Transaction: _____