

Affiliate 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 \$

Dues enclosed: \$ _____

___ Three Years \$

___ Student \$

Include a check

Payable to _____ and mail to: