



Illinois Math Teacher Educators

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):

<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

Dues enclosed: \$ _____

___ Three Years \$25

___ Student \$ 5

With this form, i nclude a check

Payable to **Illinois Math Teacher Educator**

and mail to:

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