



Membership Application

PLEASE PRINT

Date _____

NEW _____ RENEWAL _____

LAST NAME: _____ FIRST _____

ADDRESS: _____

_____ ZIP: _____

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

PLACE OF EMPLOYMENT: _____

RANK (instructor, associate professor, etc.): _____

Email address: _____

Areas of Interest (Research or otherwise)

I am interested in serving as an individual on various Florida Department of Education committees (e.g. FCAT, Teacher certification, etc). Yes _____ No _____

Annual FAMTE dues are \$10.00 and are renewable each July 1st. MAKE CHECKS PAYABLE TO THE FLORIDA ASSOCIATION OF MATHEMATICS TEACHER EDUCATORS. Thank you.

CASH \$ _____ CHECK NUMBER _____ (Receipt: yes/no)

How did you hear about FAMTE?

FAMTE Website: _____ Colleague (name) _____

Publication (which one?): _____ Other _____

Please send check and application to:

FAMTE

c/o Steve Selby (Treasurer)

P.O. Box 24708

West Palm Beach, FL 33416-4708