

CTTE MEMBERSHIP APPLICATION

(Please print, complete, and mail this Form to the address below)

Home Mailing Address (Check if preferred address)

Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Email Address: _____

School or Business Address (Check if preferred address)

Name: _____
Work Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: _____ Email Address: _____

CTTE Membership (requires ITEA Membership; see next section)

Regular Membership in CTTE \$40 _____

Full-time Student Membership* \$20 _____

*Requires signed Memo from your Department Head verifying full-time student status.

ITEA Membership (required for CTTE Membership)

_____ \$70 Professional in US

_____ \$75 Professional in Canada and Mexico

_____ \$80 Professional in Other Countries

_____ \$35 Student (UG or Graduate)*

_____ \$35 Retired

_____ \$70 Sustaining Tech Rep

_____ \$140 Elementary School

_____ \$210 Institutional/University

_____ *Requires signed Memo from your Department Head verifying full-time student status.

Journal of Technology Education Subscription

Regular Subscription (US) \$12 _____

Regular Subscription (Overseas/Canada) \$16 _____

Library Subscription (US) \$20 _____

Library Subscription (Overseas/Canada) \$25 _____

Total Payment \$ _____

Payment Method

Payment must be in US currency (and accompany this form) or Credit Card. Make check or money order payable to the ITEA. Check enclosed

Please charge my membership dues to: Visa Master Card

Expiration Date _____

Account # _____

Signature (as it appears on card) _____

Mail completed Application Form along with payment to:

International Technology Education Association
1914 Association Drive, Reston, VA 22091-1539
Phone: (703) 860-2100 Fax: (703) 860--353
Email: iteambrs@iris.org