

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*\$15 _____

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

ITEA Membership (required for CTTE Membership)

_____ \$80 Professional in US (\$70 first time Professional)

_____ \$85 Professional in Canada and Mexico

_____ \$90 Professional in Other Countries

_____ \$40 Student (Undergraduate or Graduate)*

_____ \$55 Passport (elec PR for International)

_____ \$65 Bridge (one time SD to PR)

_____ \$40 Advocate Membership (\$35 electronic)

_____ \$160 Elementary School

_____ \$240 Institutional (University)

_____ \$400 Corporate

_____ \$240 Museum

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

Journal of Technology Education Subscription

Regular Subscription (US)\$15 _____

Regular Subscription (Overseas/Canada)\$20 _____

Library Subscription (US)\$25 _____

Library Subscription (Overseas/Canada)\$30 _____

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 Discover

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 20191-1539

Phone: (703) 860-2100 Fax: (703) 860--0353

Email: Members@iteaconnect.org