



2009-2010 FCTE Membership Application

The Membership Year is from October 1, 2009 to September 30, 2010

Dr. Mr. Ms. Mrs.

Last Name _____ First Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Email _____

****Email is required in order to receive FCTE correspondences such as the Newsletter and Newsbox.**

Alternate Email _____

In some cases, servers block mass emails. In this instance, FCTE will use the alternative email address.

School Name _____ County _____

Public Private Other _____

Membership Information

- New Member \$20.00
- Renewal \$20.00
- 2 Year Renewal \$35.00
- Retired \$10.00
- 2 Year Retired Renewal \$17.50
- First Year Teacher \$15.00
- Student (One Year) \$10.00

AFFILIATION

- Administrator
- Elementary
- Middle/Junior High
- High School
- Community College
- Four Year College/University

Are you...

- a member of NCTE?
 - willing to become involved in FCTE?
 - a member of a local council?
- Council Name: _____
- a local council officer?
- Title: _____

****Signature of sponsoring professor, principal, or department head for student or first year teacher membership.**

Return this form with your check or money order (made payable to FCTE) to:
 Paula Clements
 4912 Toni Avenue
 Lakeland, FL 33812

****FCTE will not distribute email addresses to any other entity other than to NCTE.**