



Membership Application

The Membership Year is from October 1, 2010 to September 30, 2011.

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 NCTE.**