



# The Florida Council of Teachers of English



The Membership Year is from October 1, 2011 to September 30, 2012.

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.

School Name \_\_\_\_\_ County \_\_\_\_\_

Public    Private    Other \_\_\_\_\_

### MEMBERSHIP INFORMATION

- One Year (New or Renewal) .....\$25.00
- 2 Year (New or Renewal) .....\$45.00
- 3 Year (New option) .....\$65.00
- Student (One Year) .....\$20.00
- Retired .....\$15.00

### AFFILIATION

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

\_\_\_\_\_  
\*\*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:  
Suzanne Skipper  
1725 Twin Oaks Circle  
Oviedo, FL 32765

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

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: \_\_\_\_\_

<p>--- Administrative Use---</p> <p>Received: _____</p> <p>Other Notes: _____</p> <p>_____</p>
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