



MEMBERSHIP APPLICATION FORM
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Full Name _____		PLEASE PROVIDE THE FOLLOWING INFORMATION Position Type (Check One) <input type="checkbox"/> Administrator/Supervisor (A) <input type="checkbox"/> Counselor (K) <input type="checkbox"/> Teacher Supervisor (E) <input type="checkbox"/> Teacher Educator (X) <input type="checkbox"/> Teacher (T) <input type="checkbox"/> Other (O) <input type="checkbox"/> Student (S) <input type="checkbox"/> Retired (R) Institution Type (Check One) <input type="checkbox"/> Junior High/Middle School (H) <input type="checkbox"/> Comprehensive High School (S) <input type="checkbox"/> Secondary Career/Technical School (V) <input type="checkbox"/> Two Year Postsecondary Institution (J) <input type="checkbox"/> Four Year College or University (C) <input type="checkbox"/> Federal, State, Local Education Agency (D) <input type="checkbox"/> Other (F)			
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ACTE Membership Categories (Choose One Below - State dues information see reverse – Call for state Student and Retired Dues) <input type="checkbox"/> Regular \$60.00 <input type="checkbox"/> Student \$10.00 <input type="checkbox"/> Retired \$31.00					
ACTE Division Membership					
Your ACTE membership includes free membership in one division . Check your primary division. Additional divisions may be added for \$10 each. Mark Additional divisions with A.					
<table style="width: 100%;"><tr><td style="vertical-align: top; width: 50%;"><input type="checkbox"/> Administration (ADM) <input type="checkbox"/> Adult Workforce Development (AWD) <input type="checkbox"/> Agricultural Education (AGR) <input type="checkbox"/> Business Education (BUS) <input type="checkbox"/> Family and Consumer Sciences Education (FAM) <input type="checkbox"/> Guidance (GUI) <input type="checkbox"/> Health Occupations Education (HEA) <input type="checkbox"/> Marketing Education (MAR) <input type="checkbox"/> New & Related Services (NRS)(see next column) <input type="checkbox"/> Special Needs (SPE) <input type="checkbox"/> Technology Education (TGY) <input type="checkbox"/> Trade and Industrial Education (TRA)</td><td style="vertical-align: top; width: 50%;">New & Related Services Division Sections (choose one below) <input type="checkbox"/> CBITS (L) <input type="checkbox"/> Support Staff (J) <input type="checkbox"/> Cooperative Work Experience (B) <input type="checkbox"/> Tech Prep (M) <input type="checkbox"/> Instructional Materials (C) <input type="checkbox"/> International (I) <input type="checkbox"/> Makers of Policy (H) <input type="checkbox"/> Professional Development (D) <input type="checkbox"/> Public Information (E) <input type="checkbox"/> Related Subjects (F) <input type="checkbox"/> Research (G) <input type="checkbox"/> School-to-Work/Careers (N)</td></tr></table>				<input type="checkbox"/> Administration (ADM) <input type="checkbox"/> Adult Workforce Development (AWD) <input type="checkbox"/> Agricultural Education (AGR) <input type="checkbox"/> Business Education (BUS) <input type="checkbox"/> Family and Consumer Sciences Education (FAM) <input type="checkbox"/> Guidance (GUI) <input type="checkbox"/> Health Occupations Education (HEA) <input type="checkbox"/> Marketing Education (MAR) <input type="checkbox"/> New & Related Services (NRS)(see next column) <input type="checkbox"/> Special Needs (SPE) <input type="checkbox"/> Technology Education (TGY) <input type="checkbox"/> Trade and Industrial Education (TRA)	New & Related Services Division Sections (choose one below) <input type="checkbox"/> CBITS (L) <input type="checkbox"/> Support Staff (J) <input type="checkbox"/> Cooperative Work Experience (B) <input type="checkbox"/> Tech Prep (M) <input type="checkbox"/> Instructional Materials (C) <input type="checkbox"/> International (I) <input type="checkbox"/> Makers of Policy (H) <input type="checkbox"/> Professional Development (D) <input type="checkbox"/> Public Information (E) <input type="checkbox"/> Related Subjects (F) <input type="checkbox"/> Research (G) <input type="checkbox"/> School-to-Work/Careers (N)
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DUES SUMMARY Enter amount for each applicable category. ACTE Dues _____ Additional ACTE Division (\$10 each) _____ ACTE Advocacy Efforts <u>10.00</u> _____ (Voluntary Contribution) Public Image Campaign <u>10.00</u> _____ (Voluntary Contribution) State Association Dues _____ State Division Dues _____ Total Dues _____		PAYMENT INFORMATION <input type="checkbox"/> Check Enclosed Check Date _____ Check Amount _____ Credit Card: <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Credit Card # _____ Expiration Date _____ Name on Card _____ Billing Address Zip Code _____ Signature _____			

\$33.00 of your membership fee covers your subscription to *Techniques*. Student and retired members receive a complimentary copy of *Techniques*.

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