

NCACTE
Membership Form
 Revised August 2007

Please New Member _____ Primary Division _____ Business _____
 Check _____
 One Renewing Member _____ Primary Division _____

Please print or key all information in legible format.

Date: _____

NAME: Last First Middle Initial Social Security # (Optional)

PLACE OF EMPLOYMENT (Name of School, Tech Center, Community College, University, State Agency, or Other)

NAME OF SCHOOL SYSTEM OR OTHER EMPLOYER JOB TITLE

EMPLOYER'S ADDRESS CITY STATE ZIP

OFFICE PHONE OFFICE FAX

HOME ADDRESS CITY STATE ZIP

HOME PHONE PREFERRED E-MAIL ADDRESS (Home or Work)

Note: All NCACTE members must join the state association and at least one (1) division.

1. STATE/NATIONAL	2. DIVISIONS	3. Primary Division	4. Additional Divisions	5. Transfer your membership amount(s) according to your membership category listed below:				6. Amount Due
				AFFILIATE	RETIRED	STUDENT	LIFE	
Select <u>One</u> . Place a \checkmark in selection column.	Referencing the list below, place a \checkmark in the next column(s) for your <u>one</u> primary division and any additional divisions you are joining.	\checkmark one (required)	\checkmark any/all (optional)					Transferred Amounts
NCACTE (state only)				\$40	\$15	\$5	\$400	\$
NCACTE & ACTE				\$100	\$46	\$15	NA	\$
	Administration			\$22	\$11	NA	NA	\$
	Agricultural Ed			\$160	\$35	NA	NA	\$
X	Business Ed			\$20	\$5	NA	NA	\$
	Family & Consumer Sci Ed			\$20	\$5	NA	NA	\$
	Guidance			\$20	\$2	NA	NA	\$
	Health Occupations Ed			\$20	\$2	NA	NA	\$
	Marketing Ed			\$20	\$5	NA	NA	\$
	NC-ALIVE			\$40	\$15	NA	NA	\$
	New & Related Services:							
	NRS-Instructional Mgmt./Testing			\$10	\$5	NA	NA	\$
	NRS-Instructional Materials/Vendor			\$10	\$5	NA	NA	\$
	NRS-Middle Grades			\$10	\$5	NA	NA	\$
	NRS-Post Secondary Educator			\$10	\$5	NA	NA	\$
	NRS-Other (Please Specify)			\$10	\$5	NA	NA	\$
	Special Needs			\$25	\$3	NA	NA	\$
	Technology Ed			\$20	\$2	NA	NA	\$
	Trade & Industrial Ed			\$16	\$5	NA	NA	\$

7. ACTE MEMBERS WITH MULTI-DIVISION MEMBERSHIPS ONLY

ACTE charges an additional \$10 for each division joined in addition to your primary division, except for NC-ALIVE.

ACTE multi-division members need to use the following process to calculate their multi-division amount:

Number of Additional Divisions checked in Column 4 (Do NOT include NC-ALIVE.) = _____ x \$10 = \$

8. Add all amounts in the 'Amount. Due', Column 6, to calculate your **TOTAL MEMBERSHIP DUES** \$

9. Method of Payment

____ Check payable to NCACTE _____ VISA _____ MASTERCARD

Credit Card # (Debit Card NOT Accepted)

Credit Card Expiration Date _____

Cardholder's Name as Appears on Card (Print)

Signature

10. Return the complete form with payment to:

NCACTE Membership
P.O. Box G
Catawba, NC 28609

Phone 828.241.3910 Fax 828.241.2146

The Federal Government requires this notice: Contributions or gifts to NCACTE are not tax deductible as a charitable contribution for Federal Income Tax Purposes. However, dues may be deductible as ordinary and necessary business expenses.