



NHTM SCHOOL MEMBERSHIP FORM

Memberships are for one academic year, August 1st through July 31st.

<i>Please Print Clearly</i>		
First Name	Last Name	
School Name	SAU #	<input type="checkbox"/> My principal has purchased an Enhanced Membership for my school <input type="checkbox"/> I would like to purchase an Enhanced Membership as an individual <input type="checkbox"/> I would like to sign up for a Basic Membership at no cost
School Address		
School E-mail		
City	State	ZIP
Home Address		
City	State	ZIP
Home E-mail		
Preferred mailing address: Home _____ School _____		
Grade Level: Elementary _____ Middle _____ Secondary _____ Post Secondary _____ Other _____	Position: Teacher _____ Paraprofessional _____ Administrator _____ School Counselor _____ Special Educator _____ Other _____	NCTM member? Yes _____ No _____

Individuals may purchase an Enhanced Level membership if not provided through your school. This will allow you to be more involved in our organization, receive discounts on NHTM events and professional development opportunities, and have the ability to receive NHTM teaching awards or grants.

Enhanced Individual Membership Fee	\$25
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Checks payable to NHTM and Purchase Orders, along with this form, should be sent to:

Bernadette Kuhn, Membership Chair
 145 Eastern Ave.
 Keene, NH 03431-4358