

NCTM Student E-Membership Application

Visit www.nctm.org/membership to learn more and join!

CONTACT INFORMATION (PLEASE PRINT)

All fields marked with an * are required for processing

First Name* _____ Last Name* _____

College* _____

Please check **ONE** box for preferred mailing address, but complete both columns for our records:

Address During School Year (On or Off Campus)

Permanent Address

Address* _____ Address* _____

City* _____ City* _____

State/Prov* _____ ZIP/PC:* _____ State/Prov* _____ ZIP/PC:* _____

Country* _____ Country* _____

Phone* _____ Phone* _____

E-Mail* _____

For more information on student e-membership criteria and requirements, visit: www.nctm.org/membership.

Professor's Name* _____ Graduation Date* _____

Professor's E-Mail* _____

I was referred by an NCTM Member: _____ **Member ID:** _____

Check here to remove your name from rental lists (companies renting lists must obtain approval from NCTM before using lists).

Student E-Membership

Includes full online access, including archives, to one NCTM journal.
Select **ONE** journal below:

- \$39** (Online) **Teaching Children Mathematics** (PreK-6)
- (Online) **Mathematics Teaching in the Middle School** (5-9)
- (Online) **Mathematics Teacher** (8-14)
- \$53** (Online) **Journal for Research in Mathematics Education**

Add On Journals

To **add a print or online journal** to your student e-membership, please make your selection below (*print version includes online access*):

- | Print | Online |
|--------------------------------------|--|
| <input type="checkbox"/> \$33 | <input type="checkbox"/> \$17 Teaching Children Mathematics (PreK-6) |
| <input type="checkbox"/> \$33 | <input type="checkbox"/> \$17 Mathematics Teaching in the Middle School (5-9) |
| <input type="checkbox"/> \$33 | <input type="checkbox"/> \$17 Mathematics Teacher (8-14) |
| <input type="checkbox"/> \$60 | <input type="checkbox"/> \$31 Journal for Research in Mathematics Education |

PAYMENT SUMMARY

Student E-Membership Dues \$ _____

Add On Journals \$ _____

SUBTOTAL \$ _____

Foreign Postage (if applicable): For mailings outside the U.S., add \$18 for the first print journal subscription and \$4 for each additional print journal subscription per year. \$ _____

TOTAL Payment to NCTM in U.S. Dollars \$ _____

METHOD OF PAYMENT

Check Money Order AMEX MC VISA P.O. # _____
(include signed copy)

Credit Card Number _____ Exp. Date _____

Signature (required for credit card payments) _____