



NATIONAL COUNCIL OF
TEACHERS OF MATHEMATICS

1906 ASSOCIATION DRIVE | RESTON, VA 20191-1502
TEL: (800) 235-7566 | FAX: (703) 476-2970 | WWW.NCTM.ORG

NCTM Student e-Membership Application

THE FUTURE.

INSPIRING TEACHERS. ENGAGING STUDENTS. BUILDING THE FUTURE.

INSPIRING TEACHERS. ENGAGING

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* _____

Address (check one)*: ☐ Address during school year (on or off campus) ☐ Permanent Address

City* _____ State/Prov* _____ ZIP/PC* _____

Country* _____ Phone* _____

Primary E-mail* _____

Your grade level interest (check all that apply)*: ☐ PreK-2 ☐ 3-5 ☐ 6-8 ☐ 9-12 ☐ Higher Education

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

Application will not be processed without the following:

Professor's Name* _____ Graduation Date* _____

Professor's E-mail* _____

Student e-Membership

Includes a digital subscription to one NCTM journal (print version includes online access to the same journal).

Select **ONE** journal below:

Teaching Children Mathematics (TCM) (Pre-K-6)

Mathematics Teaching in the Middle School (MTMS) (5-9)

Mathematics Teacher (MT) (8-14)

Journal for Research in Mathematics Education (JRME)

Mathematics Teacher Educator (an NCTM/AMTE online journal)

**Student
e-Member**

☐ \$42

☐ \$42

☐ \$42

☐ \$57

N/A

**Add-On
print journals**

☐ \$36

☐ \$36

☐ \$36

☐ \$63

N/A

**Add-On
digital journals**

☐ \$18

☐ \$18

☐ \$18

☐ \$33

☐ \$10

Payment Summary

Membership Dues \$ _____

Additional Journals \$ _____

SUBTOTAL: Membership and Additional Journals \$ _____

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

Mathematics Educational Trust (MET) Support (Your contribution is tax deductible) \$ _____

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

Method of Payment

☐ Personal Credit Card ☐ School/Company Credit Card ☐ Check ☐ Money Order ☐ P.O.# _____ (include signed copy)

☐ AMEX _____ CREDIT CARD NUMBER _____ EXP. DATE _____ SECURITY CODE _____

☐ MC _____

☐ Visa _____ SIGNATURE (required for credit card payments) _____ PRINT NAME _____

NOTE: Membership pricing valid through May 31, 2014. Visit **www.nctm.org/membership for up-to-date pricing.**

☐ 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).

☐ **STANDING ANNUAL PERSPECTIVES IN MATHEMATICS EDUCATION (APME) ORDER PLAN:** Check this box to receive each NCTM APME as it becomes available. The APME may be returned in resalable condition within 30 days, and you may cancel your plan at any time.