



Please send this application form and your payment to: **NCTM, P.O. Box 75842, Baltimore, MD 21275-5842.**

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

1 Contact Information All fields are required for processing.

First Name _____ Last Name _____

School _____

Address (check one): School Address Home Address

City _____ State/Prov _____ ZIP/PC _____

Country _____ Phone _____

Primary E-mail _____

I have been an NCTM member for a total of 15 years or more and am at least 62 years of age. Date of birth _____
(MM/DD/YYYY)

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

2 Select Membership Journal

Select 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)

**Emeritus
E-Member**

\$48

\$48

\$48

\$62

N/A

**Print
Journals**

\$42

\$42

\$42

\$70

N/A

**Digital
Journals**

\$21

\$21

\$21

\$35

\$12

NOTE: Membership pricing valid through May 31, 2018. Visit nctm.org/membership for up-to-date pricing.

4 Payment Summary

Membership Dues \$ _____

Additional Journals \$ _____

SUBTOTAL: Membership and Additional Journals \$ _____

For 2-year membership, multiply subtotal by 2 and deduct 10%. \$ _____

For 3-year membership, multiply subtotal by 3 and deduct 15%. \$ _____

SIGN UP FOR THE AUTOMATIC RENEWAL PROGRAM and save 5% off your annual membership.
Visit www.nctm.org/autorenew for details. \$ _____

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. \$ _____

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

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

5 Method of Payment

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

Required for Credit Card Processing: Personal Credit Card **OR** School/Company Credit Card **And Choose:** AMEX MC Visa

CREDIT CARD NUMBER _____ EXP. DATE _____ SECURITY CODE _____

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

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).