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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 _____

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

Application will not be processed without the following:

College _____ Graduation Date _____

Professor's Name _____

Professor's E-mail _____

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

2 Select Membership Journal

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

Select **ONE** journal below:

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Journal for Research in Mathematics Education (JRME) \$62

Mathematics Teacher Educator (an NCTM/AMTE online journal) N/A

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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.# _____
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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).