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**Membership Registration Form**

# MEMBER INFORMATION

Name:

 (Title) (First) (Mid. Init.) (Last)

Position/Title:

Work Address:

 (Agency Name)

 (Street Address or P.O. Box)

 (City) (State) (Zip)

Work Phone:       -       -

Work Fax:       -       -

Primary E-mail:

Alternate E-mail:

Home Address:

 (Street Address or P.O. Box)

 (City) (State) (Zip)

Home Phone:       -       -

Cell Phone:       -       -

**Please indicate your membership status.**

|  |  |
| --- | --- |
| [ ]  **Regular Member: NEW**[ ]  **Regular Member: Renewal** ($60 membership fee) | Provides supervising and/or consulting services in mathematics as a member of the staff of an education agency of a U.S. state/territory or Canadian Province (or agency designee, upon approval of the ASSM Executive Board). If you are **renewing** your membership, please state the date when you became an ASSM regular member (month/year):      /       |
| [ ]  **Associate Member: NEW**[ ]  **Associate Member: Renewal** ($60 membership fee) | Held continuous Regular Membership for two or more years and no longer meets criteria for Regular Membership. Associate Member status must be approved by the ASSM Executive Board. |
| [ ]  **Emeritus Member: New**(no membership fee) | Retired from position while a Regular Member of ASSM.Date of Emeritus Status (month/year):      /      |

**If you are going to make an online payment for membership dues, please return your completed membership registration form as an e-mail attachment to Lisa Ashe (Vice President for Membership):**  Lisa.Ashe@dpi.nc.gov

 **OR**

**If you are going to submit a check as payment for membership dues, please submit your check (made payable to ASSM) along with your completed membership registration form to Paula (Financial Officer):**

**Paula Moeller**

**ASSM Financial Officer**

**517 Paint Brush Drive**

**Johnson City, TX 78636**