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| *Please Print Clearly* | | | | |
| First Name | Last Name | | | |
| Home E-mail | | | | |
| Home Address | | | | Home Phone Number |
| City | State | | Zip Code | |
| School Name | SAU # | \_\_\_\_\_My principal has purchased an Enhanced  Membership for my school  \_\_\_\_\_I would like to purchase an Enhanced  Membership as an individual   \_\_\_\_\_I would like to sign up for a Basic  Membership at no cost | | |
| School Address | | | | School Phone Number |
| School E-mail | | | | |
| City | State | Zip Code | | |
| Preferred mailing address: Home\_\_\_\_\_ School\_\_\_\_\_ | | | | |
| Grade Level: Elementary\_\_\_\_\_  Middle\_\_\_\_\_  Secondary\_\_\_\_\_  Post Secondary\_\_\_\_\_  Other\_\_\_\_\_ | Position: Teacher\_\_\_\_\_  Paraprofessional\_\_\_\_\_  Administrator\_\_\_\_\_  School Counselor\_\_\_\_\_  Special Educator \_\_\_\_\_  Other\_\_\_\_\_ | | NCTM member?  Yes\_\_\_\_\_ No\_\_\_\_\_ | |

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| *Individuals may purchase an Enhanced Level membership if not provided through your school. This will allow you to be more involved in our organization, receive discounts on NHTM events and professional development opportunities, and have the ability to receive NHTM teaching awards or grants.* | |
| Enhanced Individual Membership Fee | $25 |
| **Checks** *payable* to **NHTM** and **Purchase Orders, along with this form, should be sent to:**  Bernadette Kuhn, Membership Chair  145 Eastern Ave.  Keene, NH 03431-4358 | |