

OCTE Membership Application or Renewal

Name:

Home address:

City, State, Zip:

Home telephone:

Work telephone:

Name of school or affiliation:

Address of school:

City, State, Zip:

Name of school district:

Preferred email address:

Please check appropriate level or position:

<input type="checkbox"/> Elementary Teacher	<input type="checkbox"/> Student
<input type="checkbox"/> Media Specialist	<input type="checkbox"/> College / University Faculty
<input type="checkbox"/> Middle School / Jr. High Teacher	<input type="checkbox"/> Retiree
<input type="checkbox"/> Instructional Aide	<input type="checkbox"/> Administrator
<input type="checkbox"/> High School Teacher	<input type="checkbox"/> Other

Send all mailings to:

Home

School

Type of Membership:

New

Renewal

Full-time student \$10

One year \$25

Three years \$60

Lifetime Membership \$250

Mail this form to:

OCTE Membership Committee

P.O. Box 9126

Portland, Oregon 97207-9126

Please make check payable to OCTE, a non-profit organization.

Revised 8/3/2005