

# GAMTE

*Georgia Association of Mathematics Teacher Educators*

## MEMBERSHIP APPLICATION

..... New Member

..... Renewal

Name: .....

Affiliation: .....

Address: .....

Address: .....

City:.....

Zip:.....

Phone: .....

Email:.....

Would you like to be subscribed to the GAMTE email list?

*Please check all that apply:* I am a math educator at the following level(s):

<input type="checkbox"/> State	<input type="checkbox"/> University/College	<input type="checkbox"/> Author
<input type="checkbox"/> District/System	<input type="checkbox"/> Senior High School	<input type="checkbox"/> Consultant/Independent
<input type="checkbox"/> Building	<input type="checkbox"/> Middle School	<input type="checkbox"/> Student
<input type="checkbox"/> Publisher	<input type="checkbox"/> Elementary School	<input type="checkbox"/> Retired
<input type="checkbox"/> Other: _____		

Dues for GAMTE Membership:

..... One Year            \$10

..... Graduate Student    \$5

University:.....

Please send your completed membership application form to the treasurer:

Dr. Nikita Patterson  
npatte10@kennesaw.edu  
5584 Wilderness Trace  
Stone Mountain, GA 30087

*Annual membership term: October 1<sup>st</sup> to September 30<sup>th</sup>*