MEMBERSHIP APPLICATION FORM
ASSOCIATION FOR CAREER AND TECHNICAL EDUCATION
1410 King Street, Alexandria, VA 22314
www.actonline.org

Mr.  Ms.  Mrs.  Dr.  Is this a change of Address?  

Full Name ____________________________

Home Address _______________________

City ___________________ State _______ Zip _________

Work Telephone _______ Fax (see Opt IN Option on right) _______

Home Telephone _______ Last 4 Digits Security Number**

Date of Birth**

E-mail ___________________________

ACTE Membership Categories (Choose One Below - State dues information see reverse - Call for state Student and Retired Dues)

__ Regular $60.00  __ Student $10.00  __ Retired $31.00  __ International $100.00

ACTE Division Membership
Your ACTE membership includes free membership in one division. Check your primary division. Additional divisions may be added for $10 each. Mark Additional divisions with A.

__ Administration (ADM)  __ Adult Workforce Development (AWD)  __ Agricultural Education (AGR)  __ Business Education (BUS)  __ Family and Consumer Sciences Education (FAM)  __ Guidance (G)  __ Health Occupations Education (HEA)  __ Marketing Education (MAR)  __ New & Related Services (NRS) (see next column)  __ Special Needs (SPE)  __ Technology Education (TGY)  __ Trade and Industrial Education (TRA)  __

New & Related Services Division Sections (choose one below)

___ CBITS (L)  ___ Cooperative Work Experience (B)  ___ Instructional Materials (C)  ___ International (I)  ___ Makers of Policy (H)  ___ Professional Development (D)  ___ Public Information (E)  ___ Related Subjects (F)  ___ Research (G)  ___ School-to-Work/Careers (N) 

DUES SUMMARY
Enter amount for each applicable category.

ACTE Dues 60.00

Additional ACTE Division ($10 each) _______

ACTE Advocacy Efforts 10.00 (opt)
(Voluntary Contribution)

Public Image Campaign 10.00 (opt)
(Voluntary Contribution)

ACTEN Dues 30.00

State Division Dues _______

Total Dues _______

PAYMENT INFORMATION

__ Check Enclosed  Check Date _______ Check Amount _______

Credit Card:

__ American Express  __ Discover  __ MasterCard  __ Visa

Credit Card # _______

Expiration Date _______

Name on Card _______

Billing Address Zip Code _______

Signature _______

$33.00 of your membership fee covers your subscription to Techniques. Student and retired members receive a complimentary copy of Techniques.

** You are not obligated to provide this information; however, ACTE uses this information internally to serve as a unique identifier for members. At no time would ACTE make this information available to a third party.

Please note that ACTE is no longer offering a comprehensive liability membership in 2004. You may contact Forest T. Jones directly to obtain information about Professional Liability Insurance for Educators at 1-800-821-7303 or visit their website at http://www.ftj.com if you prefer to shop on-line.

To receive credit from ACTEN for sponsoring a new member, the application form & dues payment (payable to ACTEN) must be sent to: ACTE of Nebraska (ACTEN), P.O. Box 22607, Lincoln, NE 68542-2607. ACTEN will forward the application & ACTE dues to ACTE.