



WSUACTM Membership Form

Name:		
Address:		
City:	State:	Zip Code:
Phone:		
E-mail:		
School:		
District:		
Position: Please check those that apply <input type="checkbox"/> Teacher <input type="checkbox"/> Department Head <input type="checkbox"/> Supervisor <input type="checkbox"/> Other _____ <input type="checkbox"/> College Student Anticipated date of graduation_____		
Grade levels taught/planning to teach: Please check all that apply <input type="checkbox"/> PK-3 <input type="checkbox"/> 4-9 <input type="checkbox"/> 7-12 <input type="checkbox"/> PK-12 <input type="checkbox"/> College <input type="checkbox"/> Other _____		

<p style="text-align: center;">Membership years run from September to the following September. Please check the membership option you are choosing.</p> <p><input type="checkbox"/> \$2 - One year Student Membership</p> <p><input type="checkbox"/> \$10 - Two years</p> <p><input type="checkbox"/> \$20 - Five years</p>	<p style="text-align: center;">Please make checks payable to WSUACTM and mail with your completed form to:</p> <p style="text-align: center;">Shirley Eldridge WSUACTM Membership Secretary 6101 Leyden Ln Huber Heights, OH 45424</p> <p style="text-align: center;">Membership.WSUACTM@gmail.com</p>
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1. Please list topics and/or speakers for professional development that you would be interested in.

2. Would you be willing to present any professional development workshops? If so, on what topic?

3. Do you know anyone who would be willing to present professional development workshops? If so, please list their name and contact information.