

# Membership Form

## Pennsylvania Council of Supervisors of Mathematics

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ FAX \_\_\_\_\_

### Professional Responsibilities ... (Check the one most appropriate)

1. ( ) Teacher: levels \_\_\_\_\_ 2. ( ) Dept. Head\Chair: levels \_\_\_\_\_

3. ( ) Supvr. /Coordinator: levels \_\_\_\_\_ 4. ( ) Administrator: levels \_\_\_\_\_

5. ( ) College Educator: Institution \_\_\_\_\_

6. ( ) Other (specify) \_\_\_\_\_

Professional Institution \_\_\_\_\_ Office Phone \_\_\_\_\_

Memberships... (Circle all that apply) NCTM NCSM MAA PCTM ATMOPAV LCCTM

AMTONP EPCTM BCCTM MCWP CPMA NPCTM ASCD PASCD NCPCTM LHMA

Other? \_\_\_\_\_

Dues: \$10 per year OR \$25 for 3 years (Circle one) Make check payable to **PCSM**

Payment for membership is for one year from when dues are paid.

from \_\_\_\_\_, \_\_\_\_ (Month, Year) to \_\_\_\_\_, \_\_\_\_ (Month, Year)

Mail to: Katherine Hebert, PCSM Treasurer

6116 McCallum Street, Philadelphia, PA 19144

Phone 215-843-3249

Email: khebert\_1999@yahoo.com

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### Tear off for your records

\_\_\_\_\_ is a member of PCSM

from \_\_\_\_\_, \_\_\_\_ (Month, Year) through \_\_\_\_\_, \_\_\_\_ (Month, Year)