

**MATHWEST Membership Application Form**  
**Mail to: MATHWEST, PO Box 139, Feeding Hills, MA 01030-0139**

Membership Category:

- \_\_\_\_ 1 Year Regular (\$20)
- \_\_\_\_ 1 Year Full-time Student (\$7)
- \_\_\_\_ 1 Year Full-time Retired (\$15)
- \_\_\_\_ 3 Year Regular (\$50)

Area of Professional Interest:

- \_\_\_\_ Elementary
- \_\_\_\_ Middle School
- \_\_\_\_ Secondary
- \_\_\_\_ College

Application Type:

- \_\_\_\_ New Membership
- \_\_\_\_ Renewal

Amount Enclosed \$ \_\_\_\_\_ PO # \_\_\_\_\_

Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you a member of NCTM?  Yes  No

A member of another NCTM affiliate?  Yes  No - If yes, which one? \_\_\_\_\_

**Please: If paying by PO, include the names and addresses of members to be renewed.**