



Oregon Council of Teachers of Mathematics

Membership Application

Name _____ Date _____

Address _____ Phone () _____

City _____ State _____ ZIP _____

E-mail address _____

School _____ School District _____

Are you willing to be a building contact? Yes No

New Renewal Change of Address

Position: Teacher Dept. Head
 Supervisor Other (specify) _____

Level: Elementary High School Other (specify) _____
 Mid/Jr. High College _____

Full Membership (Includes printed *TOMT* and on-line *TOMT*)

US and Canadian International
One year \$35.00 One year \$55.00
Two years \$55.00 U.S. currency or money orders only

E-Membership (Includes on-line *TOMT*)

US, Canadian and International Student
One year \$25.00 One year \$10.00
Two years \$45.00 Cannot have taught before

Enclose check payable to OCTM.

Amount enclosed: _____

(No purchase orders, please.)

Send to:
Ralph Schubothe, OCTM Membership, 1827 23rd Ave., Forest Grove, OR 97116