

NCACTE
Membership Form
 Revised June 2015

Please New Member _____ Primary Division _____
 Check
 One Renewing Member _____ Primary Division _____

Please print or key all information in legible format.

Date: _____

NAME: Last First Middle Initial

NAME OF SCHOOL SYSTEM OR OTHER EMPLOYER JOB TITLE

OFFICE PHONE OFFICE FAX

HOME ADDRESS CITY STATE ZIP

HOME PHONE PREFERRED E-MAIL ADDRESS (Home or Work)

Note: All NCACTE members must join the state association and at least one (1) division.

1. STATE/NATIONAL	2. DIVISIONS Referencing the list below, place a \checkmark in the next column(s) for your one primary division and any additional divisions you are joining.	3. Primary Division \checkmark one (required)	4. Additional Divisions \checkmark any/all (optional)	5. Transfer your membership amount(s) according to your membership category listed below:				6. Amount Due Transferred Amounts
				ACTIVE	RETIRED	STUDENT	LIFE	
NCACTE (state only)				\$40	\$15	\$5	\$400	\$
NCACTE & ACTE				\$120	\$46	\$15		\$
	Administration			\$22	\$11			\$
	Agricultural Ed			\$160	\$35			\$
	Business Ed			\$20	\$5			\$
	Family & Consumer Sci Ed			\$20	\$5			\$
	Guidance			\$20	\$2			\$
	Health Science Ed			\$20	\$2			\$
	Instructional Management			\$20	\$10			\$
	Marketing Ed			\$20	\$5			\$
	NC-ALIVE			\$20	\$5			\$
	New & Related Services:							
	NRS-Instructional Materials/Vendor			\$10	\$5			\$
	NRS-Middle Grades			\$10	\$5			\$
	NRS-Post Secondary Educator			\$10	\$5			\$
	NRS-Other (Please Specify)			\$10	\$5			\$
	Special Needs			\$20	\$3			\$
	Technology Ed			\$20	\$2			\$
	Trade & Industrial Ed			\$16	\$5			\$
7. ACTE MEMBERS WITH MULTI-DIVISION MEMBERSHIPS ONLY ACTE charges an additional \$10 for each division joined in addition to your primary division, except for NC-ALIVE. ACTE multi-division members need to use the following process to calculate their multi-division amount: Number of Additional Divisions checked in Column 4 (Do NOT include NC-ALIVE.) = _____ x \$10 = _____								\$
8. Credit Card Processing Fee = \$5.00								\$
9. Add all amounts in the 'Amount Due', Column 6, to calculate your TOTAL MEMBERSHIP DUES								\$

10. Method of Payment

____ Check payable to NCACTE ____ AMX ____ VISA ____ MASTERCARD

 Credit Card # (Debit Card NOT Accepted)

Credit Card Expiration Date _____

 Cardholder's Name as Appears on Card (Print)

 Signature

1. Return the complete form with payment to:

NCACTE Membership
7021 Goshen Road
Oxford, NC 27565

Phone 919.693.3962 Fax 877.663.1146

The Federal Government requires this notice:
 Contributions or gifts to NCACTE are not tax deductible as a charitable contribution for Federal Income Tax Purposes. However, dues may be deductible as ordinary and necessary business expenses.