

Membership Application

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip + 4 _____

Home Phone: _____ County: _____

I prefer my correspondence to go ___ Home or ___ Work.

School/Business Name _____

Address _____

City _____ State _____ Zip +4 _____

Work Phone: _____ Work County: _____

Email Address: _____

✓	Area(s) of Employment:	✓	Current Status
	1 – Elementary		A – Teacher
	2 – Middle/Junior High		B – Supervisor
	3 – High School		C – Retired
	4 – College		D – Full Time Student
	5 – Adult/Other		E – Institutional
			F – Affiliate Organization
			G – Administrator/Other

Dues	1 Year	2 Years	3 Years	Amounts
Individual/ Institutional	\$30	\$60	\$90	
Retired	\$15	\$30	\$45	
Full Time Student		\$15		
First Year Teacher		\$15		
Scholarship Fund Donation (Optional)				
Total				

Make checks payable to **Treasurer AMTNYS** and mail to: Frank Sobierajski
 Data Manager—AMTNYS
 PO Box 277
 Cato, NY 13033