



## Membership Form

New Member     Renewal

Name: \_\_\_\_\_

Affiliation/Institution: \_\_\_\_\_

Department (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

What are your mathematics-related instructional/professional responsibilities? (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Teach elementary (Multiple Subject) mathematics methods courses       | <input type="checkbox"/> Teach secondary (Single Subject) mathematics methods courses            |
| <input type="checkbox"/> Teach mathematics content courses for prospective elementary teachers | <input type="checkbox"/> Teach mathematics content courses for mathematics majors                |
| <input type="checkbox"/> Teach graduate courses for elementary-level (preK-6) teachers         | <input type="checkbox"/> Teach graduate courses for secondary-level mathematics teachers         |
| <input type="checkbox"/> Provide professional development for elementary school teachers       | <input type="checkbox"/> Provide professional development for middle/junior/high school teachers |
| <input type="checkbox"/> Develop mathematics curricula   | <input type="checkbox"/> Other: _____  |

What are your research/professional development interests or specializations? Include any grant-related work. (Please respond on the back of this form.)

Dues:  1-year (2009): \$20     3-year (2009, 2010, 2011): \$50     Full-time Student (2008): \$10

Members will automatically be added to the CAMTE membership and COMET e-lists.

If you have any questions, please email Melanie Wenrick at [mwenrick@csufresno.edu](mailto:mwenrick@csufresno.edu). Please mail this form and a check made payable to CAMTE to the following address (or give to a CAMTE officer):

Dr. Melanie Wenrick, CAMTE Treasurer  
Department of Curriculum and Instruction  
California State University, Fresno  
5005 N. Maple Avenue M/S ED 2  
Fresno, CA 93740-8025

Internal Use	Member # _____	Date Received: _____	<input type="checkbox"/> cash <input type="checkbox"/> check # _____
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