



ASSOCIATION OF TEACHER EDUCATORS

P.O. Box 793
Manassas, VA 20113
Phone: (703) 331-0911 Fax: (703) 331-3666

**Membership Application
or Renewal Form**

Name _____
Institution _____
Address 1 _____
Address 2 _____
City _____
State/ Country, Postal Code _____

New Member Application Renewal
Work Phone _____
Fax _____
Home Phone (optional) _____
Email _____
(Fax or mail completed form to address above.)

PROFESSIONAL INFORMATION

Employment (check all that apply):

- (APS) Administration - Public/Private School
- (TPS) Teacher - Public/Private School
- (AHE) Administration - Higher Education
- (FHE) Faculty - Higher Education
- (EA) Education Association
- (SEA) State Education Agency
- (ST) Student
- (OT) Other _____

Professional Area (check all that apply):

- (TE) Teacher - Grade Level/Content Area _____
- (CP) Coordinator PDS
- (DFE) Director of Field Experiences
- (GS) Graduate Student
- (US) Undergraduate Student
- (IHE) Higher Education - Teaching/Research Area

Special Interest Groups

Members May Enroll in a Special Interest Group

- Classroom Management and Discipline
- Deans/Directors/Chairs of Education Units
- Early Childhood Teacher Education
- Educational Leadership
- Elementary Education
- Exemplary Supervisory Practices
- Learning Styles
- Mathematics Teacher Educators
- Middle School Educators
- Multicultural Education
- Professional Development Site Partnerships
- Reading Language Arts Teacher Educators
- Research & Program Development
- Retired Teacher Educators
- School Based Educators
- School Violence
- Science Educators
- Network of Secondary Education
- Inclusive Education (Special Education)
- Students in Teacher Education
- Teacher Induction
- Teaming & Collaborative Mentoring
- Technology in Teaching & Learning
- Technology Resources
- Transpersonal Humanistic

NATIONAL MEMBERSHIP CATEGORIES

- \$100.00 **Regular**
- \$1900.00 **Life:** fully paid
- \$199.00 **Life:** 10 consecutive annual payments
- \$35.00 **Retired**
- \$260.00 **Library Subscription**
- \$35.00 **Student:** full time graduate or under-graduate, sponsored by a national ATE member

Sponsor's Name: _____

Signature: _____

PAYMENT INFORMATION

National Dues Amount \$ _____
 Leadership Foundation \$ _____
 Voluntary Contribution \$ _____
 Foreign Postage \$ _____
 (remit additional \$20 to cover first class postage for all foreign memberships or subscriptions other than to Canada)
TOTAL ENCLOSED \$ _____

Dues and contributions in support of ATE are tax deductible.

TYPE OF PAYMENT:

- Check Credit Card

For credit card payment, complete information below:

- Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____

Card Member Name: _____

Signature: _____

I agree to pay the above amount according to card issuer agreement.