**NCTE Affiliate Directors Form**

***Director(s) will attend the Board of Directors Meeting held at the NCTE Annual Convention***

**PLEASE RETURN THIS FORM TO:** affsec@ncte.org

**NOTE:** According to the NCTE Constitution, an affiliate with fewer than **149** NCTE members may name one director; affiliates with **150-349** NCTE members may name two directors; one of whom must be the **Liaison Officer**; NCTE affiliates with **350-549** NCTE members may name three directors, one of whom must be the **Liaison Officer**; affiliates with **550-749** NCTE members may name four directors, one of whom must be the **Liaison Officer**; and so on up to a maximum of six directors (constitutional amendment, 1991). **All officers, including directors, must be members of the National Council.**

**Full Name of Affiliate:**

**Name of Person Submitting Report:**

**Position in Affiliate:**

**Academic Year:**

**Date:**

**Include the following information for each Director.**

|  |  |
| --- | --- |
| **(1) Director’s Name:** | **Preferred Mail Address: Home\_\_\_ Work\_\_\_** |
| **Institution Address:** | **Work Phone:****Home Phone:****Fax:** |
| **Home Address:** | **Email:****Date of election:****Term of office:** |