

**Application for Affiliation**

**PLEASE RETURN TO: Division of Affiliate Services, NCTE,** **affsec@ncte.org**

**Name of Affiliate:**

**Territory of Affiliate:**

**Number of Members: Dues to Join Your Affiliate:**

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| **PRESIDENT:** | **Preferred mailing address: \_\_\_\_\_Home \_\_\_\_\_Work** |
| Home address: | Home Phone: |
|  | Work Phone: |
| City, State, Zip: | Cell Phone: |
|  | Fax: |
| Work address: | E-mail: |
|  | Date of election: |
| City, State, Zip: | Term of office: |

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| **VICE PRESIDENT:** | **Preferred mailing address: \_\_\_\_\_Home \_\_\_\_\_Work** |
| Home address: | Home Phone: |
|  | Work Phone: |
| City, State, Zip: | Cell Phone: |
|  | Fax: |
| Work address: | E-mail: |
|  | Date of election: |
| City, State, Zip: | Term of office: |

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| **SECRETARY:** | **Preferred mailing address: \_\_\_\_\_Home \_\_\_\_\_Work** |
| Home address: | Home Phone: |
|  | Work Phone: |
| City, State, Zip: | Cell Phone: |
|  | Fax: |
| Work address: | E-mail: |
|  | Date of election: |
| City, State, Zip: | Term of office: |

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| **TREASURER:** | **Preferred mailing address: \_\_\_\_\_Home \_\_\_\_\_Work** |
| Home address: | Home Phone: |
|  | Work Phone: |
| City, State, Zip: | Cell Phone: |
|  | Fax: |
| Work address: | E-mail: |
|  | Date of election: |
| City, State, Zip: | Term of office: |

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| **EXECUTIVE SECRETARY:** | **Preferred mailing address: \_\_\_\_\_Home \_\_\_\_\_Work** |
| Home address: | Home Phone: |
|  | Work Phone: |
| City, State, Zip: | Cell Phone: |
|  | Fax: |
| Work address: | E-mail: |
|  | Date of election: |
| City, State, Zip: | Term of office: |

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| **LIAISON OFFICER:** | **Preferred mailing address: \_\_\_\_\_Home \_\_\_\_\_Work** |
| Home address: | Home Phone: |
|  | Work Phone: |
| City, State, Zip: | Cell Phone: |
|  | Fax: |
| Work address: | E-mail: |
|  | Date of election: |
| City, State, Zip: | Term of office: |

**\_\_\_\_\_I have checked with all the persons listed above and affirm that they are members of NCTE.**

**Name:**

**Office in Affiliate:**

**Date:**

**Signature:**