**Application for Assembly Status**

**Official Name of Proposed Assembly:**

**Acronym of Assembly (if any):**

**Total Number of Current Members (please include a list in this** [**designated format**](http://www.ncte.org/library/NCTEFiles/Groups/Affiliates/Sample-FormatforMembershipListSubmission.xlsx)**):**

**Number of NCTE Members (Note that a minimum of 24 are required):**

**Amount of Dues Individuals Pay to Join Your Assembly:**

**Other Dues Categories and Amounts:**

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| **CHAIR:** | **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 CHAIR:** | **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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| **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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| **MEMBERSHIP CHAIR:** | **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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| **NEWSLETTER EDITOR:** | **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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| **JOURNAL EDITOR:** | **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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| **PROGRAM CHAIR:** | **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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| --- | --- |
| **NCTE DIRECTOR:** | **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:**

**Position in Assembly:**

**Date:**

**Signature:**

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