**NCTE Affiliate Dues**

**BY AUGUST 15, PLEASE SUBMIT THIS FORM PLUS NCTE DUES TO:**

**NCTE**

**PO Box 14054**

**St. Louis, MO 63178-4054**

**with “Affiliate Dues” written in the memo**

**AFFILIATE DUES MUST BE PAID BEFORE YOUR NCTE DIRECTOR(S) CAN RECEIVE THE**

**MATERIALS FOR THE ANNUAL MEETING OF THE BOARD OF DIRECTORS**

**NOTE:** Bylaws governing affiliate dues were set at the Annual Business Meeting, November 26, 1962.

For the current academic year, affiliates pay dues according to the following schedule:

Affiliates with **25 to 249** members………………………………………………. $10.00 US funds/affiliate/year

Affiliates with **250 to 499** members………………………………………………$15.00 US funds/affiliate/year

Affiliates with **500 or more** members………………………………………….…$25.00 US funds/affiliate/year

**AFFILIATE DUES SUBMITTED**

**Full Name of Affiliate:**

**Number of Members:**

**Amount of Dues to NCTE (make check payable to NCTE):**

**SUBMITTED BY**

**Name:**

**Position in Affiliate:**

**Date:**

**FOR OFFICE USE ONLY**

**Check Number: \_\_\_\_\_\_**

**NCTE Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**