



# Association of Mathematics Teachers of New Jersey

## MEMBERSHIP APPLICATION

\$30.00 ANNUAL FEE (\$15.00 for Retirees and Students)  
\$50.00 TWO YEAR FEE (\$25.00 for Retirees and Students)  
Membership expires on 12/31.

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home County: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (*PLEASE PRINT CLEARLY*)

School Name: \_\_\_\_\_ District: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School County: \_\_\_\_\_ School Phone: \_\_\_\_\_

Mailing Preference:  HOME \_\_\_\_\_  SCHOOL \_\_\_\_\_

Please Check Position: \_\_\_\_\_ Teacher \_\_\_\_\_ Chairperson \_\_\_\_\_ Supervisor \_\_\_\_\_ Coach \_\_\_\_\_ Administrator

\_\_\_\_\_ Professor \_\_\_\_\_ Student \_\_\_\_\_ Retired \_\_\_\_\_ Consultant

Grade Level(s): \_\_\_\_\_

Previous Member? (Y/N) \_\_\_\_\_ Interested in Volunteering? (Y/N) \_\_\_\_\_ Interested in speaking? (Y/N) \_\_\_\_\_

Return with Check (made payable to AMTNJ) or Purchase Order to: AMTNJ – PO Box 264- Bay Head, NJ 08742

**Or** Return via email to [amtnj@juno.com](mailto:amtnj@juno.com) and make payment by using the Membership Payments tab.

Interested in making a tax-deductible contribution to our scholarship program (Y/N) \_\_\_\_\_

Amount: \_\_\_\_\_ In honor of: \_\_\_\_\_

make checks payable to AMTNJ (note scholarship fund in memo field) & mail to AMTNJ PO Box 264 Bay Head, NJ 08742

If you do not want your information shared with NCTM, please check here \_\_\_\_\_

2015-web Need more information? Please contact us at [amtanj@juno.com](mailto:amtanj@juno.com)