



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 amtanj@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 _____

Need more information? Please contact us at amtanj@juno.com