

# Membership Form

## Pennsylvania Council of Supervisors of Mathematics

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

**INDICATE YOUR CONFERENCE MEAL CHOICES BELOW. IF THIS IS A RENEWAL COMPLETE ONLY THE INFORMATION THAT HAS CHANGED.**

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

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

Email \_\_\_\_\_ FAX \_\_\_\_\_

### Professional Responsibilities ... (Check the one most appropriate)

1. ( ) Teacher: levels \_\_\_\_\_
2. ( ) Dept. Head/Chair: levels \_\_\_\_\_
3. ( ) Supvr./Coordinator: levels \_\_\_\_\_
4. ( ) Administrator: levels \_\_\_\_\_
5. ( ) College Educator: Institution \_\_\_\_\_
6. ( ) Other (specify) \_\_\_\_\_

Professional Institution \_\_\_\_\_ Office Phone \_\_\_\_\_

Memberships...(circle all that apply) NCTM NCSM MAA PCTM ATMOPAV LCCTM

AMTONP EPCTM BCCTM MCWP CPMA NPCTM ASCD PASCD NCPCTM LHMA

Other? \_\_\_\_\_

**Dues:** \$10 per year OR \$25 for 3 years (Circle one) Make check payable to **PCSM**

Payment for membership from March 1, \_\_\_\_ (Year) to March 1, \_\_\_\_ (Year)

Mail to: Katherine Hebert, PCSM Treasurer

6116 McCallum Street, Philadelphia, PA 19144

Phone 215-843-3249

Email: khebert\_1999@yahoo.com

---

### PCSM Conference in conjunction with the annual PCTM Conference

Circle all meal functions that you will be attending: Breakfast Lunch

---

### Tear off for your records

\_\_\_\_\_ is a member of PCSM

from March 1, \_\_\_\_ through March 1, \_\_\_\_