

Member Application / Renewal

Individual Membership: \$10

Student/Parent/Retiree: \$10 (Full---time students, retired educators, non---educator parents)

School Group Memberships: \$150

Date _____ Renewal _____ or New _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____ - _____

Phone: Business (____) _____ Home (____) _____

Email: Business _____ Home _____

School _____ System _____

Position Held: (circle one) Teacher Principal Asst. Principal Counselor

Supervisor/Coordinator Librarian College/University Retiree

Non-educator Parent Consultant Full time Student

Type of Membership

Individual _____ \$10 _____

School Group Rate (list all on back) _____ \$150 _____

Student _____ Retiree _____ Non-Educator Parent _____ \$10 _____

Send check payable to TAMS to above address Total amount of check _____

