New York State Technology Education Association

Chartered by the Board of Regents of the University of the State of New York

Visit us at www.NYSTEA.com

David Banister
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Membership Form

Please Print Clearly!

New Membership ___ Renewal ___ Date _____

1. _____ _____ _____ _____
(Mr., Ms., Mrs., Dr.) First Name Middle Initial Last Name

2. _____ _____
Home Address City or Town

3. _____ _____ _____ _____
State ZIP Code + 4 ***County*** Country

4. (____) _____ _____
Home Phone E-mail (Your address will **ONLY** be used for official **NYSTEA** business) Circle one: **Home** or **Work**

5. _____ _____ (____) _____
School District Name School Building Name School Phone Number

6. _____ _____ **PLTW** YES NO
Your Position Grade Level(s)

7. _____
Course(s) Taught (Introduction To Technology, DDP, POE, Communications, etc.)

_____

8. _____ _____
Regional Association Name Region Number

NYSTEA Dues		
Regular	$ 50.00	( )
Student (full time)	$ 10.00	( )
Retired	$ 12.00	( )
Donation - Scholarship Fund	$ ____	
Total Enclosed	$ ____	

Sorry, we do not accept charge cards or purchase orders

Thank you for joining the professional association that represents your interests in technology education. We are your voice in the New York State educational community. You are encouraged to join ITEA, your advocate in national and international issues pertinent to our field at www.ITEAwww.org.

Date Received _____ Amount Received _____

Version #14 Updated 7/07 **Please mail completed form and a check to the membership secretary.**