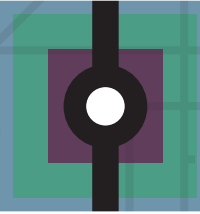


# Membership Form



www.ctat.org

Select **Active Membership** to join both CTAT at the state level and ACTE at the national level.

CTAT promotes quality instructional partnerships with business and industry to prepare every student for postsecondary education, a globally competitive workplace and active citizenship.

Membership is for 1 year from receipt of dues. A 3 month grace period is granted for renewals.

**Members Only Perks**

Once you join CTAT, you'll receive access to exclusive content on the CTAT website.

\*We recommend providing a personal email address to ensure you receive news from CTAT.

Don't miss out on timely legislative updates and special offers. Thank you for your interest in CTAT.

**Contact Information**

Name \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

\*Personal Email (recommended) \_\_\_\_\_

Employer \_\_\_\_\_ County \_\_\_\_\_

Title \_\_\_\_\_

Campus (if applicable) \_\_\_\_\_

Business Address \_\_\_\_\_

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

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Member-Get-A-Member Campaign**

Who told you about CTAT? \_\_\_\_\_

**Membership Division**

Administration  Guidance  Tech Prep

**Age Range**

Under 30  Under 40  Under 50  Under 60  60 +

**Area of Expertise**

Administration  Business/Industry  Tech Prep  
 Guidance  Postsecondary  Teacher concentration: \_\_\_\_\_

**District Size**

Up to 500 students  Up to 10,000 students  Up to 50,000 students  
 Up to 5,000 students  Up to 35,000 students

**Mentor Program**

I would like to be contacted by a mentor  
 I will serve as a mentor to fellow members

**Optional Payment Program**

\* Payroll deduction not available

Enclosed are postdated checks for deposit on the dates indicated.  
 Make three equal payments with my credit card on the following dates (3 month installments preferred):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Select Membership Type**

Active Membership \$175 \$ \_\_\_\_\_  
 (State and national dues, full voting rights)

**First Year Discounted Membership \$99** \$ \_\_\_\_\_  
 (FIRST YEAR MEMBERS ONLY; State and national dues, full voting rights)

Associate Membership \$50 \$ \_\_\_\_\_  
 (Includes retired members, no voting rights, no insurance)

**Optional Insurance Coverage**

\$1 Million Educator's Liability Insurance \$99 \$ \_\_\_\_\_  
 (Coverage is effective from first of month following date of receipt for one year.)

Insurance questions:

1. Are you aware of any work related incident that could result in legal action against you? Circle: Yes No
2. Are you a board member or an owner of the school in which you work? Circle: Yes No
2. Date of Birth: \_\_\_\_\_ (mm/dd/year)

*To complete insurance enrollment, you will be contacted to provide your Social Security Number*

**College Scholarship Donation**

Myra Hasty & Dr. Pat McLeod Scholarship for CTE Students \$ \_\_\_\_\_

**Total Due \$ \_\_\_\_\_**

Make checks payable to CTAT - Tax ID #75-2832376 All Major Credit Cards Accepted - Mastercard, Visa, Discover, American Express

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Fax credit card and/or purchase orders to (512) 288-9998 / Mail checks to CTAT, 1108 Lavaca St., Ste. 110-486 Austin, TX 78701

**Contact Bailey Morrison (512) 288-8666 bailey@ctat.org**