OCTM Individual Membership Form

Name:

Address:*

**College students: Please provide your permanent address.*

City:

State: Zip:

SS#: XXX-XX-__ __ __ __ (last four digits)

Home Phone: Work Phone:

E-mail:

Employed by:

Position:

Grade Level(s):

Please Check:

[ ] Male [ ] Female

[ ] New Membership [ ] Renewal

[ ] $25 Regular 1-year
[ ] $60 Regular 3-year
[ ] $10 First-year teacher 1-year
[ ] $5 Full-time student 1-year

*(**Make check payable to OCTM)***
*Note: The latter three options are not available to those joining through OEA.

[ ] Life- Available without payment of dues to persons who were OCTM members for 20 consecutive years prior to retirement.

[ ] From time to time OCTM will be making our members' mailing information available to other reputable organizations or companies for mathematics-related products or services that might be of interest to our members. We are confident that many of our members will find this a valuable and time-saving service. If however, you prefer to be excluded from these mailings, check this box.

I am interested in the following involvement opportunities with OCTM:

Name _____ E-mail _____

[ ] Planning regional professional learning opportunities
[ ] Serving on planning committees for the state conference
[ ] Helping to plan the OCTM Tournament (mathematics contest for students)
[ ] Serving on the Membership committee (keeping in touch with members)
[ ] Writing newsletter/website articles OR locating information for these
[ ] Soliciting or writing manuscripts for journal articles
[ ] Writing position statements
[ ] Communicating OCTM information to my local colleagues (by e-mail)
[ ] Other: _____

Mail completed form to: Sister Mary Theresa Sharp, S.N.D.
OCTM Membership Secretary
13000 Auburn Road
Chardon, OH 44024-9330