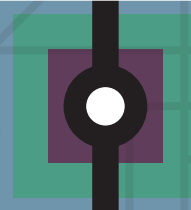


Membership Form



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 40 Under 60

Under 30 Under 50 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 35,000 students Up to 50,000 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 Robin Painovich (512) 288-8666 robin@ctat.org