Oklahoma Council of Teachers of Mathematics

Membership Form

Name_____

Home Address_____

City_____ State_____ Zip_____

School_____

School Address_____

City_____ State_____ Zip_____

Phone: Home (____)_____Work (____)_____

Email:_____

OCTM Membership Dues (Circle the appropriate amount)

Full time mathematics:	$20.00 for **1 year membership**	= _____
	$35.00 for **2 year membership**	= _____
	$50.00 for **3 year membership**	= _____
Less than 1/2 time mathematics:	$10.00 x **1 yr 2 yr** or **3 years**	= _____
Student, Retired, or Non-teaching:	$10.00 x **1 yr 2 yr** or **3 years**	= _____

Please make your check payable to **OCTM**. Mail your check and this form to:

Tamara Carter
Science and Mathematics
7777 S. May Ave.
Oklahoma City, OK 73159