

**PLEASE RETURN TO:** Director, Division of Communications and Affiliate Services, NCTE, 1111 W. Kenyon Rd., Urbana, IL 61801-1096

**NATIONAL COUNCIL OF TEACHERS OF ENGLISH**

**\*\*\*\*APPLICATION FOR AFFILIATION \*\*\*\***

**NAME OF AFFILIATE:** \_\_\_\_\_

**TERRITORY OF AFFILIATE:** \_\_\_\_\_

**NUMBER OF MEMBERS:** \_\_\_\_\_ **DUES TO JOIN YOUR AFFILIATE:** \_\_\_\_\_

**PRESIDENT:** \_\_\_\_\_ Preferred mailing address \_\_\_\_\_ home \_\_\_\_\_ work

Home address \_\_\_\_\_ Home phone \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Work phone \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ FAX \_\_\_\_\_

Work address \_\_\_\_\_ E-mail address \_\_\_\_\_

\_\_\_\_\_ Date of election \_\_\_\_\_

\_\_\_\_\_ Term of office \_\_\_\_\_

**VICE PRESIDENT:** \_\_\_\_\_ Preferred mailing address \_\_\_\_\_ home \_\_\_\_\_ work

Home address \_\_\_\_\_ Home phone \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Work phone \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ FAX \_\_\_\_\_

Work address \_\_\_\_\_ E-mail address \_\_\_\_\_

\_\_\_\_\_ Date of election \_\_\_\_\_

\_\_\_\_\_ Term of office \_\_\_\_\_

**SECRETARY:** \_\_\_\_\_ Preferred mailing address \_\_\_\_\_ home \_\_\_\_\_ work

Home address \_\_\_\_\_ Home phone \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Work phone \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ FAX \_\_\_\_\_

Work address \_\_\_\_\_ E-mail address \_\_\_\_\_

\_\_\_\_\_ Date of election \_\_\_\_\_

\_\_\_\_\_ Term of office \_\_\_\_\_

**TREASURER:** \_\_\_\_\_

Preferred mailing address \_\_\_\_\_ home \_\_\_\_\_ work

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

Work phone \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

FAX \_\_\_\_\_

Work address \_\_\_\_\_

E-mail address \_\_\_\_\_

\_\_\_\_\_

Date of election \_\_\_\_\_

\_\_\_\_\_

Term of office \_\_\_\_\_

**EXECUTIVE SECRETARY:** \_\_\_\_\_

Preferred mailing address \_\_\_\_\_ home \_\_\_\_\_ work

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

Work phone \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

FAX \_\_\_\_\_

Work address \_\_\_\_\_

E-mail address \_\_\_\_\_

\_\_\_\_\_

Date of election \_\_\_\_\_

\_\_\_\_\_

Term of office \_\_\_\_\_

**LIAISON OFFICER:** \_\_\_\_\_

Preferred mailing address \_\_\_\_\_ home \_\_\_\_\_ work

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

Work phone \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

FAX \_\_\_\_\_

Work address \_\_\_\_\_

E-mail address \_\_\_\_\_

\_\_\_\_\_

Date of election \_\_\_\_\_

\_\_\_\_\_

Term of office \_\_\_\_\_

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\_\_\_\_\_ I have checked with all the persons listed above and affirm that they are members of NCTE.

**NAME:** \_\_\_\_\_

**OFFICE IN AFFILIATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Signed:** \_\_\_\_\_