



# Missouri Council of Teachers of Mathematics

## APPLICATION for AFFILIATION

1. Name of organization: \_\_\_\_\_

Student Affiliation

Partner Affiliation

2. Officers:

**\* President:** \_\_\_\_\_ **Term Ends:** \_\_\_\_\_

Must be a member of MCTM

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**President Elect:** \_\_\_\_\_ **Term Ends:** \_\_\_\_\_

Must be a member of MCTM

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ **Term Ends:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Secretary:** \_\_\_\_\_ **Term Ends:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Editor:** \_\_\_\_\_ **Term Ends:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**\*All Correspondence concerning application will be sent to the president, unless otherwise indicated**

### Send To:

SEMO – MCTM

College of Science, Technology, and Agriculture

One University Plaza – MS 6800

Cape Girardeau, MO 63701

Phone: (816) 392-3144 or (573) 651-2163, Email: MCTM@semo.edu

# Missouri Council of Teachers of Mathematics

3. If your group publishes an official journal or newsletter, please indicate.

Name of Publication (s)

Publication Schedule

\_\_\_\_\_  
\_\_\_\_\_

4. Date organization was founded \_\_\_\_\_

5. Date organization voted to apply for affiliation with MCTM \_\_\_\_\_

6. Geographic area served (state, city, region ) \_\_\_\_\_

7. Number of meetings per year \_\_\_\_\_ Average Attendance \_\_\_\_\_

8. Number of members \_\_\_\_\_ How many are members of MCTM \_\_\_\_\_

How many are teacher of mathematics: \_\_\_\_\_

What teaching levels are represented? \_\_\_\_\_

If your group is a student association, please include the following additional information:

a. Name of institution: \_\_\_\_\_

b. Name of sponsoring faculty member: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**MCTM membership expiration date (Office use only)** \_\_\_\_\_

9. Although not a requirement of affiliation, does your group have 501(C)3 tax status: \_\_\_\_\_

Question 10-11: Please answer these questions on separate paper.

10. Please report briefly on the activities of your group for the past year.

11. Please explain how you expect affiliation with MCTM will benefit your members and further the mission of your group?

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other officer: \_\_\_\_\_ Date: \_\_\_\_\_

Office held: \_\_\_\_\_

Mail this completed application (including answers to questions 10 & 11), a copy of your membership roster (including members' addresses), a copy of your organization's Constitution and Bylaws and a check for membership dues of \$30.00 to:

SEMO – MCTM

College of Science, Technology, and Agriculture

One University Plaza – MS 6800

Cape Girardeau, MO 63701

Phone: (816) 392-3144 or (573) 651-2163, Email: MCTM@semo.edu