

Georgia Council of Teachers of English Membership Form

(Print out this form on your printer, fill it in, and send it to the address below)

Name (Last, First, Initial) _____

Phone (____) _____

Address _____

City _____

State _____ Zip Code _____

E-mail _____

School _____

Phone (____) _____ School System _____

Type of Membership:

_____ First Time Member: \$7.50 _____ Regular Membership: \$15.00

_____ Two-Year Membership: \$25.00 _____ Patron: \$30.00

_____ Institutional (Elementary): \$55.00 _____ Student Member: \$7.50

Please help the Executive Board in serving the needs of GCTE members by circling the appropriate response:

Gender: Male or Female **Age:** 20-30 --- 31-40 --- 41-50 --- 51-60 --- 60+

Years of Teaching Experience: 0-3 --- 4-10 --- 11-15 --- 16-20 --- 21-25 --- 26-30 --- 30+

Grade Level of Teaching Interest: PreK-2 --- 3-5 --- 6-8 --- 9-12 --- College

Race/Ethnic: Caucasian --- African-American --- Hispanic --- Asian --- Other

Residence in GA: Southeast --- Southwest --- Central --- Northeast --- Northwest
--- Metro-Atlanta

Current NCTE Member: yes or no

Make checks payable to:

Georgia Council of Teachers of English (GCTE)

Patti McWhorter

421 Hampton Court

Athens, GA 30605

706-546-5545

e-mail: (pmcwhort@hotmail.com)