

**NCACTE**  
**Membership Form**  
 Revised July 2010

Please New Member \_\_\_\_\_ Primary Division \_\_\_\_\_  
 Check  
 One Renewing Member \_\_\_\_\_ Primary Division \_\_\_\_\_

Please print or key all information in legible format.

Date: \_\_\_\_\_

NAME: Last First Middle Initial

NAME OF SCHOOL SYSTEM OR OTHER EMPLOYER JOB TITLE

OFFICE PHONE OFFICE FAX

HOME ADDRESS CITY STATE ZIP

HOME PHONE PREFERRED E-MAIL ADDRESS (Home or Work)

**Note: All NCACTE members must join the state association and at least one (1) division.**

1. STATE/NATIONAL	2. DIVISIONS Referencing the list below, place a √ in the next column(s) for your <b>one</b> primary division and any additional divisions you are joining.	3. Primary Division √ one (required)	4. Additional Divisions √ any/all (optional)	5. Transfer your membership amount(s) according to your membership category listed below:				6. Amount Due Transferred Amounts
				ACTIVE	RETIRED	STUDENT	LIFE	
NCACTE (state only)				\$40	\$15	\$5	\$400	\$
NCACTE & ACTE				\$120	\$46	\$15		\$
	Administration			\$22	\$11			\$
	Agricultural Ed			\$160	\$35			\$
	Business Ed			\$20	\$5			\$
	Family & Consumer Sci Ed			\$20	\$5			\$
	Guidance			\$20	\$2			\$
	Health Occupations Ed			\$20	\$2			\$
	Instructional Management			\$20	\$10			\$
	Marketing Ed			\$20	\$5			\$
	NC-ALIVE			\$40	\$15			\$
	<b>New &amp; Related Services:</b>							
	NRS-Instructional Materials/Vendor			\$10	\$5			\$
	NRS-Middle Grades			\$10	\$5			\$
	NRS-Post Secondary Educator			\$10	\$5			\$
	NRS-Other (Please Specify)			\$10	\$5			\$
	Special Needs			\$25	\$3			\$
	Technology Ed			\$20	\$2			\$
	Trade & Industrial Ed			\$16	\$5			\$
<b>7. ACTE MEMBERS WITH MULTI-DIVISION MEMBERSHIPS ONLY</b> ACTE charges an additional \$10 for each division joined in addition to your primary division, except for NC-ALIVE. ACTE multi-division members need to use the following process to calculate their multi-division amount: Number of Additional Divisions checked in Column 4 (Do NOT include NC-ALIVE.) = _____ x \$10 = _____ \$								
8. Credit Card Processing Fee = \$5.00								
9. Add all amounts in the 'Amount. Due', Column 6, to calculate your <b>TOTAL MEMBERSHIP DUES</b>								\$

**10. Method of Payment**

\_\_\_\_ Check payable to NCACTE      \_\_\_\_ VISA      \_\_\_\_ MASTERCARD

\_\_\_\_\_  
 Credit Card # (Debit Card NOT Accepted)

Credit Card Expiration Date \_\_\_\_\_

\_\_\_\_\_  
 Cardholder's Name as Appears on Card (Print)

\_\_\_\_\_  
 Signature

1. Return the complete form with payment to:

**NCACTE Membership**  
**P.O. Box G**  
**Catawba, NC 28609**

Phone 828.241.3910 Fax 828.241.2146

The Federal Government requires this notice: Contributions or gifts to NCACTE are not tax deductible as a charitable contribution for Federal Income Tax Purposes. However, dues may be deductible as ordinary and necessary business expenses.