

WCTE Membership Form

Please complete this form as indicated, then mail with a check **payable to WCTE** to Tom Scott, WCTE Treasurer, 2230 E. Bradford Avenue, Milwaukee, WI 53211

This form represents a New Membership Renewal

Name _____

Home Address _____

Home City, State, Zip _____

Home Phone _____

School (or other professional affiliation) _____

School Address _____

School City, State, Zip _____

Work Phone _____

Email _____

Please see the WCTE Privacy Policy at WCTEonline.org. Use of email saves time and helps reduce the cost of conducting WCTE business.

WCTE District (CESA): (1 - 12; if you do not know your CESA, please leave blank)

- Please use my **home** address for mailings }
 Please use my **school** address for mailings } *Please check one*

What grades do you teach?

- Elementary Middle Secondary Post-secondary

Are you an administrator or specialist?

- Department Chair Elementary Administrator
 Middle/Secondary School Administrator Reading/Language Arts Specialist

What sort of member would you like to become?

- \$30 Standard \$20 New Teacher (1st or 2nd year in the profession)
 \$40 Contributing \$15 Retiree
 \$50 Sustaining \$5 Student