



Name _____ Membership # (if renewal) _____

Street Address _____

City, State, Zip _____

School/Division _____

Job Title _____

Personal e-mail _____ Home Phone _____

School e-mail _____ School Phone _____

Local Affiliate _____ Referred by _____

We are a volunteer organization—teachers supporting teachers. Please help in any way you can! Check all categories below where you would be interested in volunteering.

Committee Interests

- Membership
- Publications
- Conference
- Grants
- Educator of the Year
- Math Beauty Contest
- Scholarship
- Promotion/Social Media

Leadership Interests

- Executive Board Member
- Committee Chairperson

Conference Interests

- Program Committee
- Conference Committee
- Speaker
- Technology
- Volunteer

Please check the appropriate membership renewal:

- \$20 Individual One-Year
- \$39 Individual Two-Year
- \$57 Individual Three-Year
- \$10 Full-time college Student
- \$20 Institutional One-Year
- \$500 Lifetime

I wish to donate \$_____ to the VCTM Scholarship Fund to support the education of Virginia's future math educators.

Total enclosed: \$_____

Make check payable to VCTM and return to:
 Virginia Lewis, Treasurer VCTM
 PO Box 73593
 Richmond, VA 23235
 or register online with a credit card at www.vctm.org.