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**APPLICATION FOR NCTE STUDENT AFFILIATE**

According to the student affiliate constitution and the NCTE Constitution **all student affiliate officers must be student members of NCTE**. To indicate that you’ve checked with your officers to make sure they are NCTE members, please sign and return this form with your other forms.

**Full Name of Student Affiliate:**

**Location of Student Affiliate:**

I have checked with all the persons listed as officers and editors and they affirm that they are student members of NCTE.

**FACULTY SPONSOR:**

**SIGNATURE:**

**DATE:**

*Faculty sponsors serve as Directors for Student Affiliates*

Please include as much of this information as possible for each officer: president, vice president, secretary, treasurer, liaison officer, and faculty sponsor/NCTE Director. Please use format below as a sample for providing information.

|  |  |
| --- | --- |
| **NAME:** | **Preferred mailing address: \_\_\_\_\_Home \_\_\_\_\_Work** |
| Position in Affiliate: |  |
| Home address: | Home Phone: |
|  | Work Phone: |
| City, State, Zip: | Cell Phone: |
|  | Fax: |
| Work address: | E-mail: |
|  | Date of election: |
| City, State, Zip: | Term of office: |

**PLEASE RETURN TO: Division of Affiliate Services, NCTE, 1111, W. Kenyon Road, Urbana, IL 61801 (****affsec@ncte.org****).**

**PLEASE SEND UPDATES AS THEY OCCUR THROUGHOUT THE YEAR.**

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**NCTE Student Affiliate Dues**

 **PLEASE SUBMIT THIS FORM PLUS NCTE DUES TO:** Division of Affiliate Services, 1111 W. Kenyon Road, Urbana, Illinois 61801-1096, Fax: 217-278-3761, Email: affsec@ncte.org.

**NOTE:** Bylaws governing affiliate dues were set at the Annual Business Meeting, November 26, 1962.

*Student affiliates must have a minimum of 10 NCTE Student Members.*

For the current academic year, student affiliates pay dues according to the following schedule:

Student Affiliates ………………………………………..$2.50 US funds/student affiliate/year

**STUDENT AFFILIATE DUES SUBMITTED**

**Full Name of Affiliate:**

**Number of Members:**

**Amount of Dues to NCTE (make check payable to NCTE):**

**SUBMITTED BY**

**Name:**

**Faculty Sponsor/NCTE Director:**

**Address:**

**Date:**

*Student Affiliate dues must be paid before your NCTE Director (Faculty Sponsor) can receive the materials for the Annual Meeting of the Board of Directors.*

**FOR OFFICE USE ONLY**

**Check Number: \_\_\_\_\_\_**

**NCTE Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**