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**NCTE Affiliate Directors Form**

***Director(s) will attend the Board of Directors Meeting held at the NCTE Annual Convention***

**PLEASE RETURN THIS FORM TO:** Division of Affiliate Services, NCTE, 1111 W. Kenyon Road, Urbana, Illinois 61801-1096; Fax: 217-278-3761; Email [affsec@ncte.org](mailto:affsec@ncte.org).

**NOTE:** According to the NCTE Constitution, an affiliate with fewer than **149** NCTE members may name one director; affiliates with **150-349** NCTE members may name two directors; one of whom must be the **Liaison Officer**; NCTE affiliates with **350-549** NCTE members may name three directors, one of whom must be the **Liaison Officer**; affiliates with **550-749** NCTE members may name four directors, one of whom must be the **Liaison Officer**; and so on up to a maximum of six directors (constitutional amendment, 1991). **All officers, including directors, must be members of the National Council.**

**Full Name of Affiliate:**

**Name of Person Submitting Report:**

**Position in Affiliate:**

**Academic Year:**

**Date:**

**Include the following information for each Director.**

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| **(1) Director’s Name:** | **Preferred Mail Address: Home\_\_\_ Work\_\_\_** |
| **Institution Address:** | **Work Phone:**  **Home Phone:**  **Fax:** |
| **Home Address:** | **Email:**  **Date of election:**  **Term of office:** |

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