

National Council of Supervisors of Mathematics Membership Application/Order Form

Use this form to join/renew a membership, update information or order items. Complete this form and return with payment in U.S. funds. The information you provide will be used by the NCSM office for member communication, mailing lists and the NCSM Membership Directory.

Please Print Legibly or Type

First Name: _____ Middle: _____
 Last Name: _____
 This is my complete address: Home Work
 Address: _____

 City: _____ State: _____ Zip: _____ Country: _____

NCSM sometimes provides its mailing list to outside companies. These companies have been approved by NCSM to send catalogs, publications, announcements, ads, gifts, etc. Please check the box below to be removed from mailing lists. In addition, by checking this box, only your name without contact information will be included in the NCSM Directory.

Employer: _____
 Title: _____
 Telephone: (____) _____
 Fax: (____) _____
 Email: _____

Please check all that apply. I currently work as: (Optional)

- | | | |
|--|---|--|
| <input type="checkbox"/> State/Provincial Department of Education Employee | <input type="checkbox"/> Department Chair | <input type="checkbox"/> Education Technology Provider |
| <input type="checkbox"/> Government Agency (NSF, DOE, etc.) | <input type="checkbox"/> Grade-Level Leader | <input type="checkbox"/> Pre-Service Educator |
| <input type="checkbox"/> Member of Local Board of Education | <input type="checkbox"/> Teacher Leader | <input type="checkbox"/> Professional Developer |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> Author | <input type="checkbox"/> Publisher |
| <input type="checkbox"/> District Mathematics Supervisor/Leader | <input type="checkbox"/> Coach/Mentor | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Consultant | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Curriculum Leader/Specialist | |

Please check all that apply. I am a leader in mathematics education at the following levels:

- | | | |
|--|--|---|
| <input type="checkbox"/> National | <input type="checkbox"/> Building | <input type="checkbox"/> Pre-Kindergarten |
| <input type="checkbox"/> Regional (more than one state/province) | <input type="checkbox"/> University/College | <input type="checkbox"/> Senior High School |
| <input type="checkbox"/> State/Province | <input type="checkbox"/> Junior High/Middle School | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> District/County/City | <input type="checkbox"/> Elementary School | |

Since designations vary over time, check the one you feel best describes you:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Asian American | <input type="checkbox"/> European American/White | <input type="checkbox"/> Mexican American/Hispanic/Latino |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Bi-Racial/Multi-Racial | <input type="checkbox"/> Other _____ |

Check the area you serve:

- Rural Suburban
 Urban

Do you influence purchasing decisions?

- Yes No

Age:

- Under 25 35-44
 25-34 45-54
 55-64 and over

Work Experience:

- First year in position 11-20 years in position
 2-5 years in position 21-30 years in position
 6-10 years in position over 30 years in position
 retired

Please check all that apply. Which of the following characterize the community you serve?

- High percent poverty
 High percent of English language learners
 Racial and ethnic diversity
 None of the above

NCSM Tax ID: #39-1556438

Qty. Item*	Member	Non-Member	P & H**	Sub - Total
___ Monograph:	\$15	N/A	N/A	_____
Future Basics: Developing Numerical Power				
PRIME Leadership Framework				
___ 1 - 4 Copies (each)	\$16	\$18	\$ 4.95	_____
___ 5 - 9 Copies (each)	\$15	\$17	\$10.70	_____
___ 10 - 15 Copies (each)	\$14	\$16	\$14.50	_____
___ 16-24 Copies (each)	\$13	\$15	**	_____
___ 25-49 Copies (each)	\$13	\$15	**	_____
___ 50-99 Copies (each)	\$13	\$15	**	_____
___ 100 or more (each)	\$12	\$14	**	_____
___ NCSM Member Pin	\$2			_____
		Merchandise Total:	\$	_____
Membership Dues	\$85		\$	_____
		TOTAL ORDER:	\$	_____

Please return this form to:

NCSM Member & Conference Services
 6000 E. Evans Avenue 3-205
 Denver, CO 80222
 Phone: 303-758-9611; Fax: 303-758-9616
 Email: office@ncsmonline.org; Web: mathedleadership.org

- Visa MasterCard Check/Money Order (U.S. funds only)
 Discover Card Purchase Order***

Purchase Order Number: _____

Credit Card#: _____ Exp: ____ / ____

Cardholder Name: _____

Cardholder Signature: _____

***Purchase orders will be accepted for PRIME orders ONLY.
 - A purchase order number must be included.
 - Please Note: An invoice will NOT be sent. Please use this form as your invoice.

*Availability of products and prices are subject to change without notice.
 **Postage/Handling: Books are sent by USPS. For orders of 16 or more copies, contact NCSM Member & Conference Services for a postage and handling price. Outside the U.S. or for expedited orders, please call for shipping price.

Emeritus Membership: Please check the NCSM website (mathedleadership.org) for eligibility requirements.