



# Associated Chemistry Teachers of Texas MEMBERSHIP APPLICATION

(Current members should use this form to update information)

2

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
First Middle Last

E-MAIL ADDRESS \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_ I. S. D. \_\_\_\_\_ ESC REGION \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ STAT MEMBER  YES  
 NO

HOME ADDRESS (where mail can be sent even during the summer)

\_\_\_\_\_  
Street City State Zip

PHONE NUMBERS (include area codes)

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
HOME SCHOOL FAX

REACTANT INFO: (How you would like to receive the newsletter?)

ELECTRONIC COPY VIA INTERNET  HARD COPY VIA US MAIL

**JOB DESCRIPTION:**

(Check all that apply)

- TEACHER/PROFESSOR
- DEPARTMENT HEAD
- PRINCIPAL
- SUPERVISOR
- OTHER \_\_\_\_\_

**JOB LOCATION:**

- HIGH SCHOOL
- TWO-YEAR COLLEGE
- UNIVERSITY
- OTHER \_\_\_\_\_



**DUES:**

\$10.00  ONE YEAR MEMBER, ACT<sub>2</sub>  
\$20.00  TWO YEAR MEMBER, ACT<sub>2</sub>

MAKE CHECK PAYABLE TO ACT<sub>2</sub>

MAIL TO: **Jo King, ACT<sub>2</sub> Treasurer**  
**6003 Jameson Rd.**  
**Amarillo, TX 79106**

TOTAL PAID \$ \_\_\_\_\_

For Office Use Only	
Date Received	_____
Cash _____ or Check # _____	
Check Date	_____
Account Name	_____
New Due Date	_____