



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 _____ 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 HIGH SCHOOL
 DEPARTMENT HEAD TWO-YEAR COLLEGE
 PRINCIPAL UNIVERSITY
 SUPERVISOR OTHER _____
 OTHER _____



DUES:
\$10.00 ONE YEAR MEMBER, ACT₂
\$20.00 TWO YEAR MEMBER, ACT₂

TOTAL PAID \$ _____

MAKE CHECK PAYABLE TO ACT₂

MAIL TO: Meagan Gilbert, ACT₂ Treasurer
1405 Stone Canyon Way
Lewisville, TX 75067

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