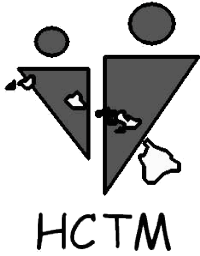


# HCTM Membership Application (Join, Renew, or Refer a friend ☺)



Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, ZipCode \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Email: \_\_\_\_\_

School (or office) \_\_\_\_\_

School Address \_\_\_\_\_

School City, State, ZipCode \_\_\_\_\_

School Phone # \_\_\_\_\_

Position \_\_\_\_\_ Grade Level \_\_\_\_\_

Membership status:      New \_\_\_\_\_      Renewal \_\_\_\_\_      Are you a full-time student ? \_\_\_\_\_  
Membership fee:        \$15.00 (general membership)      \$7.50 (college student)

Please enclose payment with this application.

**Make Checks payable to: "HCTM".**

School **purchase orders** use "DOE Vendor ID#116991 Hawaii Council of Teachers of Mathematics".

Mail to:                HCTM c/o Deborah Kula  
                             Sacred Hearts Academy  
                             3253 Waialae Ave.  
                             Honolulu, HI 96816