



NCSM Membership Application & Order Form

Use this form to renew a membership, join NCSM, update information, or order items. **You must be a member of NCSM in order to purchase any materials.** Complete this form and return with payment. The information you provide will be used by the NCSM office for member communication, mailing lists and the NCSM Membership Directory.

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.

Please Print Legibly or Type

First Name: _____ Middle: _____ Last Name: _____

Title: _____ Employer: _____

This is my complete address: Home Work

Address: _____ Telephone: _____

_____ Fax: _____

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> National | <input type="checkbox"/> University/College | <input type="checkbox"/> Author |
| <input type="checkbox"/> Regional (more than one state/province) | <input type="checkbox"/> Senior High School | <input type="checkbox"/> Consultant/Independent |
| <input type="checkbox"/> State/Province | <input type="checkbox"/> Junior High/Middle School | <input type="checkbox"/> Student |
| <input type="checkbox"/> District/County/City | <input type="checkbox"/> Elementary School | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Building (teacher, principal, etc.) | <input type="checkbox"/> Publisher | <input type="checkbox"/> Other _____ |

- Since designations vary over time, check the one you feel best describes you: (Optional)

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

- Check the area you serve:

- Rural Suburban Urban

- Do you make purchasing decisions?

- Yes No

- Gender:

- Male Female

- Age:

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

- Work Experience:

- Pre-service teacher
 First year on the job
 1-5 years on the job

- 6-10 years on the job
 11-20 years on the job
 21-30 years on the job
 over 30 years on the job
 retired

Qty. Item (details online)	Unit Price	Total Price
___ Monograph: Leadership for Student Achievement in Mathematics	\$10	\$ _____
___ Monograph: Challenging Young Children Mathematically	\$10	\$ _____
___ Monograph: Future Basics: Developing Numerical Power	\$10	\$ _____
___ NCSM Member Pin	\$2	\$ _____
___ Prime Leadership Framework Member	\$15	\$ _____
___ Prime Leadership Framework Non-Member	\$16	\$ _____
Merchandise Total		\$ _____
* P/H: \$6 each Leadership Framework	\$ _____	
___ Year(s) of Dues	\$85	\$ _____
	TOTAL	\$ _____

Please return this form to:

NCSM Conference and Member Services Office
 6000 E. Evans Avenue, #3-205; Denver, CO 80222
 Ph: 303-758-9611; Fax: 303-758-9616;
 Email: office@ncsmonline.org
 www.ncsmonline.org

NCSM Tax ID: #39-1556438

- Visa MasterCard Check/Money Order (U.S. funds only)

Credit Card#: _____ Exp: ____ / ____

Cardholder Name: _____

Cardholder Signature: _____

➤ **NCSM DOES NOT ACCEPT PURCHASE ORDERS.**

Availability of products and prices are subject to change without notice.

* **Postage/Handling:** Only Prime Leadership Framework requires a payment for postage/handling: \$6 each for 1-5 copies sent to destinations in the U.S. and Canada. Contact NCSM for a quote on larger orders and/or other destinations.