

Association for Career and Technical Education Research
ACTER MEMBERSHIP APPLICATION

Membership period is for one year (January 1 to December 31).

Fill out form, attach check, and return to:

Billye Foster
ACTER National Treasurer
College of Agriculture and Life Sciences
Department of Agricultural Education
PO Box 210036
Tucson, AZ 85721-0036
520-621-1523

- ❖ Make checks payable to **ACTER**
- ❖ Dues from outside the USA should be paid in US dollars.
- ❖ Please, NO purchase orders or credit cards

Membership Category: _____ **New** _____ **Renewal**

- _____ Regular (\$40.00)
_____ Emeritus (\$10.00)
_____ Student (\$10.00)

Name: _____

Title or Position: _____

Institution or Organization: _____

Preferred Mailing Address: _____

Phone Number (include area code): _____ **FAX:** _____

E-mail address: _____

Web Page URL: _____

ACTER maintains an organizational web site that includes a roster of members. If you wish any information **NOT** to be listed, please indicate below:

Do **NOT** list my name _____

Do **NOT** list my institution/affiliation _____

Do **NOT** list my e-mail address _____

Do **NOT** list my web site URL _____

ACTE Divisions (check one or more):

- | | | |
|------------------------------------|--------------------------------|--------------------------------------|
| _____ Administration | _____ Guidance | _____ Technical Education |
| _____ Adult Workforce Development | _____ Health Occupations | _____ Technology Education |
| _____ Agricultural Education | _____ Marketing | _____ Trade and Industrial Education |
| _____ Business Education | _____ New and Related Services | _____ Other _____ |
| _____ Family and Consumer Sciences | _____ Special Needs | |

Please list two areas of research expertise and/or interest for the membership directory:
