



MEMBERSHIP FORM

Please fill out the form below legibly so that we can provide you with your complete membership benefits. If you prefer, you may register and pay online at www.aatm.org. Otherwise, please make your check payable to AATM and mail to **AATM P.O. Box 25675 Tempe, AZ 85285-5675**

Name: _____

Home Address:

Phone: _____

Email (please use the email you'd like member benefits sent to):

County: _____

School:

School Address:

We are a volunteer-run organization! Would you like more information about volunteering with AATM?

- Yes, please!
- No, not at this time.

Area(s) of Interest (check all that apply)

- PreK-2nd grade
- 3rd-5th grade
- 6th-8th grade
- High School
- Post-Secondary
- Administration/Leadership
- Other _____

Fee

- \$25 Annual Membership Fee Enclosed (1 year)
- \$40 Membership Fee Enclosed (2 years)
- \$60 Membership Fee Enclosed (3 years)
- \$10 Student Fee Enclosed (must show proof of enrollment)
- Donation to Mathematics Scholarship Fund

Did you know you can become a member of THREE professional Arizona organizations at one time?! Visit <http://aztea.org/join-stem-az-education-collaborative/> for more information!

Thank you for your support! Please make a copy of your completed form for your records!

Date Paid _____ Check # _____ Amount _____