



Oregon Council of Teachers of Mathematics

Membership Application

Name _____ Date _____
Address _____ Phone () _____
City _____ State _____ ZIP _____
e-mail address _____

School _____ School District _____

Are you willing to be a building contact? Yes No

New Renewal Change of Address

Position: Teacher Dept. Head
 Supervisor Other (specify) _____

Level: Elementary High School Other (specify) _____
 Mid/Jr. High College _____

**Oregon Council of
Teachers of Mathematics**

One Year, \$20 Student (Full time only), \$10
(Cannot have taught)
 Two Years, \$36 Out of Country, \$25
(U.S. Currency or Money Orders only)

Enclose check payable to OCTM. (No purchase orders, please.) Send to:
Ralph Schubothe, Membership Secretary, 1827 23rd Ave., Forest Grove, OR 97116
Amount enclosed: \$ _____