



Technology Education Association of Maryland
School Year 2008-2009

Membership Form

Oct. 1, 2008 – Sept. 30, 2009

Personal Information: PLEASE PRINT LEGIBLY

Name: _____ Membership #: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____

School/University: _____ County: _____
(employed/attending) (employed/attending)

Professional Information:

FIELD: Technology Education Engineering Technical/Vocational Education Other

POSITION: Teacher Professor Administrator Student Other

LEVEL: Elementary Middle High College/University Other

Membership Fees:

Please make check payable to TEAM.

Professional Member:	\$20.00	<input type="checkbox"/> Renewal	<input type="checkbox"/> New	<input type="checkbox"/> \$50.00/3 years
Retired Professional Member:	\$0.00	<input type="checkbox"/> Renewal	<input type="checkbox"/> New	
Undergraduate Student:	\$10.00	<input type="checkbox"/> Renewal	<input type="checkbox"/> New	
Lifetime Membership:	\$400.00		<input type="checkbox"/> New	

Return Completed Form and Payment to:

TEAM – Technology Education Association of Maryland
MD Center for Career and Technology Education Studies
1415 Key Highway
Baltimore, MD 21230
Attn: Dr. Gerald Day

For Office Use Only:

Date Entered: _____ Membership # Assigned: _____ Amount: _____