

Laurel Highlands Math Alliance (LHMA) Membership Form

Please Print Clearly

Date _____

Name _____ Email _____

School District & Building or University Enrolled _____

Preferred Phone Number _____ It is a cell number. a work number. a home number.

Preferred Mailing Address _____

Are you a member of PCTM? _____ NCTM? _____

Teaching/Professional Responsibilities: *(check all that apply)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Pre-K/Early Child | <input type="checkbox"/> Special Education | <input type="checkbox"/> Pre-Algebra |
| <input type="checkbox"/> Primary (grades _____) | <input type="checkbox"/> Alternative Education | <input type="checkbox"/> Algebra |
| <input type="checkbox"/> Intermediate (grades _____) | <input type="checkbox"/> Administration | <input type="checkbox"/> Geometry |
| <input type="checkbox"/> Middle (grades _____) | <input type="checkbox"/> Math Coach | <input type="checkbox"/> Trigonometry |
| <input type="checkbox"/> High School (grades _____) | <input type="checkbox"/> Remediation/Tutoring | <input type="checkbox"/> Statistics |
| <input type="checkbox"/> College/University Professor | <input type="checkbox"/> Curriculum Director | <input type="checkbox"/> Calculus |
| <input type="checkbox"/> Pre-Service Teacher | <input type="checkbox"/> Substitute Teacher | <input type="checkbox"/> Integrated/Consumer Math |

With my LHMA membership, I am interested in serving on the following LHMA committees:

Membership Nominations/Elections Conference Planning Try-Math-a-Lot

\$5 Membership Fee one year membership *(September 2015-August 2016)*

Make check payable to **LHMA**

Please send membership form and payment to:

Jackie Baird
University of Pittsburgh - Johnstown
450 Schoolhouse Road
141 Krebs Hall
Johnstown, PA 15904