

## NELATM Membership Form

Name:			
Home Address:			
——————————————————————————————————————			
Primary E-Mail *:			
Secondary E-Mail	*:		
	be primarily through email		
Name of School:			
School Address: _			
	ostem:		
Grade Level: (chec	k_all that apply)		
□ Elementary	☐ Middle School	☐ High School	☐ Higher Education
	Regular Membership	Fee: \$5.00 (teachers/ac	lministrators)
	Full-I	îme Students Only	
☐ Full-Time Undergraduate Student Institution:			
☐ Full-Time Graduate Student Institution:			
Membership fee: \$3.00 (full-time undergraduate/graduate student)			
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Make Checks Payable to:

Mailing address:

**NELATM** 

 $\mathcal{N}EL\mathcal{A}T\mathcal{M}$ 

Attn: Telitha Doke 1012 South 7<sup>th</sup> Street Monroe, LA 71202