



## Membership Application

Name: \_\_\_\_\_

Preferred Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

School/Institution: \_\_\_\_\_

Level you teach (if applicable):

- College/University
- High School
- Middle School/Junior High
- Elementary

Please check appropriate dues category

- Regular: \$30 for one year
- Retired: \$10 for one year
- Full-time student or student teacher: \$10 for one year

Please mail this form and your check made out to MCTE  
(sorry, no invoices accepted) to:

Minnesota Council of Teachers of English  
Elizabeth Boeser, Executive Secretary  
7515 Izaak Walton Road  
Bloomington, MN 55438