



Membership Application

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Email: _____

School: _____ **District:** _____

Phone(Home): _____ - _____ **Phone(School):** _____ - _____

Level: *Check all that apply*

Elementary _____ Middle _____ High _____ College _____

Full-time Student _____ Retiree _____ Other (Supervisor, Lead Teacher, etc.) _____

Type of Membership:

New Member _____

Renewal _____

Membership Category (check one):

___ Full-time student (annual dues: free)

___ Elementary teacher (annual dues: \$5.00 1-Year or \$15.00 3-Year)

___ First-year teacher or new-to-the-area middle/high school teacher
(annual dues: \$5.00 1-Year or \$21.00 3-Year)

___ All others (annual dues: \$8.00 or \$24.00 3-Year)

Total Enclosed \$ _____

**Annual memberships in GRCTM are payable anytime and expire on
October 31.**

**Make checks payable to GRCTM. (Please note that all returned checks are
subject to a \$5.00 fee)**