



# M E M B E R S H I P F O R M

Date \_\_\_\_\_

School / Business Name \_\_\_\_\_

Member Name \_\_\_\_\_

Position / Title \_\_\_\_\_

*Check all that apply:* I am a  School Owner  School Director  MTI  Instructor  RMT  
 Other \_\_\_\_\_

Address \_\_\_\_\_

City, ST ZIP \_\_\_\_\_

Best Phone \_\_\_\_\_  Cell  Home  Office  Other \_\_\_\_\_

Alternate Phone \_\_\_\_\_  Cell  Home  Office  Other \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

## *New or Renewal Membership?*

Please Select One:  New Membership  Renewal

## *Membership Type & Fees*

Please Select One:  
 Active Member  Associate Member  Auxiliary Member

Amount Enclosed \_\_\_\_\_

Payment Method \_\_\_\_\_