

The Association of Teachers of Mathematics of Philadelphia and Vicinity
Membership Form

- **Write a check made payable to *ATMOPAV* and check you dues category below:**

- A Regular annual membership \$15 _____
- A Regular 3-year membership \$40 _____
- An undergraduate membership \$ 6 _____
- A Life membership \$300 _____

- **Provide the four codes that describes you, using the boldface letters:**

___ Position: **TE**acher **SU**pervisor **AD**ministrato**r** **Re**tired **OT**her

___ School category: **PU**blic **PA**rochial **IN**dependent **OT**her

___ Level taught: **EL**ementary **MI**school **SR**High **CO**llege **OT**her

___ County in which you teach: **BU**cks **CH**ester **DE**laware **MO**ntgomery
PHiladelphia **OT**her

- **Complete the information below.**
- **Please print clearly.**
- **If you are a renewing member, only write your name and any information that has changed.**

Name _____

e-mail _____

Home phone _____

Address _____

School _____

District _____

- **Mail your check and this page to:**

Marian Avery
1161 Bridge Road
Schwenksville, PA 19473