

ASSOCIATION OF STATE SUPERVISORS OF MATHEMATICS (ASSM)

2012 Membership Dues and Annual Meeting Registration
April 20-23, 2012 Philadelphia, PA

Please complete and return to Charlene Tate Nichols by **Friday, March 16, 2012**. (Payable by check to ASSM or by credit card per directions on the [member page](#).)

Return this completed membership form even if you are not attending the annual ASSM meeting.
Return the membership and registration information even if you have paid by credit card.

MEMBERSHIP INFORMATION

Name: _____
Title First MI Last

Work Title: _____

Work Address: _____
Agency Name

_____ Street Address _____ PO Box if available

_____ City _____ State _____ Zip

E-mail: _____

Additional E-mail: _____

Home Address: _____
Street Address

_____ City _____ State _____ Zip

Home Phone: (____) ____-____

Cell Phone: (____) ____-____

Work Phone: (____) ____-____

Work Fax: (____) ____-____

2012 MEMBERSHIP (\$50 Regular & Associate members)

<input type="checkbox"/> Please check if you are a new member of ASSM (joined after 2011 Annual Meeting).	
<input type="checkbox"/> REGULAR (\$50 Annual dues; voting privileges)	Provides supervising and/or consulting services in mathematics as a member of the staff of a state education agency. Agency designee if no one above qualifies. Date of becoming ASSM member (month/year): ____/____
<input type="checkbox"/> ASSOCIATE (\$50 annual dues)	Has held regular membership for two or more years and no longer meets criteria for regular membership. (Must be approved by the ASSM Executive Board)
<input type="checkbox"/> EMERITUS (\$0 dues)	Retired from position while a regular member of ASSM. Date of Emeritus Status (month/year): ____/____ <input type="checkbox"/> New Emeritus (Check if you have become an Emeritus member since the 2011 Annual Meeting.)

2012 CONFERENCE REGISTRATION – (\$100 for all attendees)

Please Select from Menu Indicate **ALL** functions/events you will be attending. (Guests may attend dinners & reception if registered.)

Friday	Saturday	Sunday	Monday
<input type="checkbox"/> Reception Guest: _____ Full Name	<input type="checkbox"/> Breakfast <input type="checkbox"/> Break <input type="checkbox"/> Lunch <input type="checkbox"/> Break <input type="checkbox"/> Dinner Dinner Guest: _____ Full Name	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Break <input type="checkbox"/> Dinner Dinner Guest: _____ Full Name	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch

SPECIFY DIETARY NEEDS: _____

- 2012 Membership Fee (Regular & Associate Members) \$50.00**
- 2012 Conference (ALL Conference Attendees) \$100.00**
- Total submitted to ASSM: \$_____ check credit card**

Return completed registration form, membership fee, and conference fee by March 16, 2012.

Mail registration and payment to:
Charlene Tate Nichols
ASSM 3rd Vice-President
 Mathematics Education Consultant
 CT State Department of Education
 Box 2219
 Hartford, Connecticut 06145

Checks made payable to ASSM.