

Membership Application and Order Form

Use this form to renew a membership, join NCSM, update information, or order items. **You must be a member of NCSM in order to purchase any materials.** Complete this form and return with payment. The information you provide will be used by the NCSM office for member communication, mailing lists and the NCSM Membership Directory.

NCSM sometimes provides its mailing list to outside companies. These companies have been approved by NCSM to send catalogs, publications, announcements, ads, gifts, etc. Please check the box below to be removed from mailing lists. In addition, by checking this box, only your name without contact information will be included in the NCSM Directory.

Please Print Legibly or Type

First Name: _____ Middle: _____

Last Name: _____

Title: _____

Employer: _____

This is my complete address: Home Work

Address: _____

Telephone: _____

Fax: _____

City: _____ State: _____ Zip: _____ Country: _____

Email: _____

- Please check all that apply. I am a leader in mathematics education at the following levels:

- | | | |
|--|--|---|
| <input type="checkbox"/> National | <input type="checkbox"/> University/College | <input type="checkbox"/> Author |
| <input type="checkbox"/> Regional (more than one state/province) | <input type="checkbox"/> Senior High School | <input type="checkbox"/> Consultant/Independent |
| <input type="checkbox"/> State/Province | <input type="checkbox"/> Junior High/Middle School | <input type="checkbox"/> Student |
| <input type="checkbox"/> District/County/City | <input type="checkbox"/> Elementary School | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Building (teacher, principal, etc.) | <input type="checkbox"/> Publisher | <input type="checkbox"/> Other _____ |

Since designations vary over time, check the one you feel best describes you: (Optional)

- | | |
|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> European American/White | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Other _____ | |

- Check the area you serve:

- Rural Suburban Urban-

- Do you make purchasing decisions?

- Yes No

- Age:

- Under 25 25-34
 35-44 45-54
 55 and over

-Work Experience:

- Pre-service teacher
 First year on the job
 1-5 years on the job
 6-10 years on the job

- Gender:

- Male
 Female

Qty. Item	Member	Non-Member	P & H*	Sub - Total
___ Monograph: Future Basics: Developing Numerical Power	\$15	N/A	N/A	_____
PRIME Leadership Framework				
___ 1 Copy	\$15	\$16	\$ 2.87	_____
___ 2-4 Copies (each)	\$15	\$16	\$ 4.80	_____
___ 5-9 Copies (each)	\$14	\$15	\$ 9.80	_____
___ 10-24 Copies (each)	\$13	\$14	\$14.50	_____
___ 25-49 Copies (each)	\$12	\$13	\$27.00	_____
___ 50-99 Copies (each)	\$12	\$13	\$45.00	_____
___ 100 or more (each)	\$11	\$12	**	_____
___ NCSM Member Pin	\$2			_____
		Merchandise Total:		\$ _____
___ Year(s) of Dues	\$85			\$ _____
		TOTAL ORDER:		\$ _____

Availability of products, prices are subject to change without notice.

Please return this form to:

NCSM Member and Conference Services
 6000 E. Evans Avenue, #3-205; Denver, CO 80222
 Ph: 303-758-9611; Fax: 303-758-9616;
 Email: office@ncsmonline.org
 www.ncsmonline.org

NCSM Tax ID: #39-1556438

Visa MasterCard Check/Money Order (U.S. funds only)

Purchase Order*

Purchase Order Number*: _____

Credit Card#: _____ Exp: ____ / ____

Cardholder Name: _____

Cardholder Signature: _____

***Purchase orders will be accepted for PRIME orders only.**

A purchase order number must be included.

Please Note: An invoice will NOT be sent. Should you need an invoice, please use this order form.

Postage/Handling: *Books are sent by parcel post. For orders of 100 or more copies contact NCSM Member & Conference Services for a postage and handling price. Outside the U.S. or for expedited orders, please call for shipping price.