

NCTM Affiliate Officer Update Form

submit to affiliates@nctm.org



NATIONAL COUNCIL OF
TEACHERS OF MATHEMATICS

Affiliate Name

Newsletter Title _____

Journal Title _____

Website _____

All fields are required for each officer that is applicable to the Affiliate.

If more than one person holds an office, include the second person's information in the email when submitting.

NCTM Representative *

Term End Date _____

Name _____ Membership Number (if known) _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

President *

Term End Date _____

Name _____ Membership Number (if known) _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

Treasurer

Term End Date _____

Name _____ Membership Number (if known) _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

* The NCTM Representative and President must maintain membership with NCTM.

All fields are required for each officer applicable to the Affiliate.

If more than one person holds an office, include the second person's information in the email when submitting.

Editor (Newsletter)

Term End Date _____

Name _____ Membership Number (if known) _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

Editor (Journal)

Term End Date _____

Name _____ Membership Number (if known) _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

Community Relations

Term End Date _____

Name _____ Membership Number (if known) _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

Membership Chair

Term End Date _____

Name _____ Membership Number (if known) _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

All fields are required for each officer applicable to the Affiliate.

If more than one person holds an office, include the second person's information in the email when submitting.

Executive Secretary

Term End Date _____

Name _____ Membership Number (if known) _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

Executive Director

Term End Date _____

Name _____ Membership Number (if known) _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

President Elect

Term End Date _____

Name _____ Membership Number (if known) _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

Faculty Advisor **

Term End Date _____

Name _____ Membership Number (if known) _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

** Student Affiliates only. The Faculty Advisor must maintain membership with NCTM.