

SECO/OCTM Joint Membership Form



Science Education Council of Ohio/Ohio Council of Teacher of Mathematics



Name: _____

School/Institution: _____

Position/Title: _____

School/Institution Address: _____

School/Institution City: _____ State: _____ Zip: _____

School/Institution Telephone: (____) _____ FAX: (____) _____

E-mail: _____

Grade Level(s): _____

Home Address _____

Home Telephone: (____) _____ Home FAX: (____) _____

Home City: _____ Home State: _____ Home Zip: _____

Please indicate the address where you would prefer to receive SECO or OCTM information. _____ Home _____ School/Institution

Male
 New Membership
 \$38 Regular 1-year

Female
 Renewal

From time to time OCTM will be making their members' mailing information available to other reputable organizations or companies for mathematics-related products or services that might be of interest to our members. We are confident that many of our members will find this a valuable and time saving service. If however, you prefer to be excluded from these mailings, check this box.

Mail Completed Form To:
Kay Wagner
SECO Executive Director
P.O. Box 2974
Westerville, OH 43086-2974
FAX: 614-839-9230

**MAKE
CHECKS
PAYABLE TO:
SECO-OCTM**