

Membership Renewal & 2006 Conference Registration Instructions

Follow these easy steps to (a) renew your membership or join for the first time and (b) register for **Fall Conference 2006** in Myrtle Beach:

Membership

To renew your membership in SCCTM or join SCCTM, just follow the steps 1 – 6:

1. Complete the top part of the Membership /Conference Registration form. Your **membership number** is the **five-digit number** from SCCTM (not NCTM) above your name on the mailing label. Your expiration date appears there also. **This number is essential for membership and registration data entry, but especially for name and address changes, as it eliminates duplicate membership records.** The Postal Service has informed us that we must have your **nine-digit ZIP+4** code to continue to use our bulk rate permit. If you're not certain of the last four digits, you can find them on most mailings from utility companies (power, gas, phone, etc.).
2. The phone number you give us is published in a limited distribution membership list. If you do not want your home number printed, then give us your school or work number and check the appropriate box.
3. Fill in your **e-mail address**, the school or office where you work, the county where you are employed, and the **name** of your Math & Science Regional Center. *Your e-mail address will not be sold or given for mass mailing purposes, but may be used by officers, committee chairmen, and Corporate Sponsors to contact you.*
4. Select the level or levels of interest that fit your job or professional development. These are used for special interest mailings, such as Institute announcements, etc.
5. Check whether you are joining SCCTM for the first time, rejoining after an absence of a period of time, or renewing your membership from last year.
6. *Check the amount you are paying, usually \$12.00, but a three-year membership is now available for \$30.00, saving you \$6.00. Full-time students and retired educators can join for \$5.00 a year, and you can buy a Life Membership for \$252.00. Active membership is required for member registration prices!*

SPECIAL NOTICE: A dues Increase is expected soon! The current membership rate will not be accepted after the increase is published, probably in the next issue of the MathMate.

Conference Registration

Registering for the Fall Conference has been simplified this year. **One registration fee covers everything!** Just follow step 7:

7. Check the registration amount you are including. **Note the September 30, 2006 deadline for the advanced registration pricing!**
8. Transfer the amount(s) you are paying to the **Payment Summary** section of the form, either combined or separated.

Completing the Form

Follow step 9 for all uses of the form:

9. You can include a donation to the SCCTM Scholarships or All State Math Team, if you wish. Identify which you are giving to, add the amount you are paying, and fill in the total.

Complete your check for the amount due. Mail the completed form and payment to the address on the form.

Your canceled check will be your receipt for membership dues. You will be mailed your conference receipt and name tag, if we receive your form by **September 30, 2006!** You can pick up these items at the conference if they are not mailed to you. Membership cards will be mailed after the conference to include any on-site registrations, etc.

Please check your form **carefully**. *Incorrect or incomplete forms will slow the registration process, while incomplete or incorrect addresses make accurate mailings impossible.* Forms without complete payment or an official purchase order will not be processed!



Do Not Mail Hotel Registrations to SCCTM. Sending hotel requests with your conference registration may prevent you from getting the room you want, since we'd have to return it to you.



We do not accept credit cards! Please do not use staples!! Dues Increase Expected!

MEMBERSHIP & FALL CONFERENCE 2006 REGISTRATION FORM

* * Complete one form per membership renewal or conference attendee! * *

MEMBERSHIP INFORMATION: (Please type or print legibly)

NAME: _____ POSITION: _____ MEMBER# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP+4: _____ - _____

PHONE: (_____) _____ [_____] HOME, [_____] SCHOOL, or [_____] WORK

E-MAIL ADDRESS: _____ @ _____

SCHOOL or EMPLOYER: _____

COUNTY OF EMPLOYMENT: _____ Math/Science CENTER: _____

LEVEL(S) OF INTEREST: [_____] Primary (K - 2) [_____] Elementary (3 - 5) [_____] Middle/Jr. High (6 - 9)
 [_____] Secondary (9 - 12) [_____] College

CHECK MEMBERSHIP TYPE: [_____] RENEWAL or [_____] REJOIN or [_____] NEW

& MEMBERSHIP \$\$:

<input type="checkbox"/> Regular:	\$12.00	(1 year)
<input type="checkbox"/> Regular:	\$30.00	(3 years)
<input type="checkbox"/> Life:	\$252.00	(one time payment)
<input type="checkbox"/> Student:	\$5.00	(1 year)
<input type="checkbox"/> Retired:	\$5.00	(1 year)

Transfer the membership amount to the summary section below. If Life or paid beyond 2006, mark Life or NA. If your school is an Elementary Institutional member, fill in INST for the membership amount. (INST registrants are not entered as active members of SCCTM, since they pay no individual dues.) Fill in the appropriate portion of the registration section of the Payment Summary below to complete your conference registration.

PAYMENT SUMMARY				
PAYMENT CATEGORY	ADVANCED before 9/30/06	TOTAL PD: after 9/30/06	ONE DAY ONLY Thurs [] or Fri []	AMOUNT INCLUDED
MEMBERSHIP & REGISTRATION:				
<input type="checkbox"/> Regular Members Only**	\$57 / \$75 / \$297	\$67 / \$85 / \$307	\$42 / \$60 / \$282	
MEMBERSHIP ONLY:				
<input type="checkbox"/> Regular**	\$12 / \$30 / \$252	\$12 / \$30 / \$252	\$12 / \$30 / \$252	
<input type="checkbox"/> Student/Retiree**	\$5.00	\$5.00	\$5.00	
REGISTRATION ONLY:				
<input type="checkbox"/> Nonmember	\$60.00	\$70.00	\$45.00	
<input type="checkbox"/> Regular / Retired / Life	\$45.00	\$55.00	\$30.00	
<input type="checkbox"/> Student	\$20.00	\$25.00	\$15.00	
DONATIONS:				
<input type="checkbox"/> SCCTM Scholarships				
<input type="checkbox"/> All State Math Team				
** Membership prices subject to expected increase soon.			TOTAL PD:	
TOTAL PD:				

Mail completed form to:

SCCTM, PO Box 31911, Charleston, SC 29417-1911

Receipts and name badges will be mailed to attendees whose forms are received by the Advanced Registration cutoff date. Receipts for forms received after that date will be available for on-site pickup. **NO FORMS WILL BE PROCESSED UNLESS CORRECT PAYMENT OR OFFICIAL Purchase Order IS RECEIVED!!!**

We DO NOT accept credit cards. Please DO NOT use staples!