

AATM MEMBERSHIP FORM

Please fill out the form below so that we can provide you with better services. Make check payable to AATM and mail to:
AATM P.O. Box 25675 Tempe, AZ 85285-5675

Office use only.
 Renewal date:

Name _____ School _____

Home Address _____ School Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____ Work Fax _____

Region Number (see below) _____

Area(s) of Interest (check all that apply)

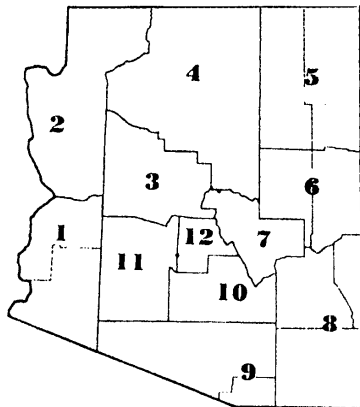
- Primary Middle School
 Intermediate High School
 Other _____

Mailing Preference (check one)

- Home Work

When available, I would prefer to receive the newsletter online. yes no

- \$25 Annual Membership Fee Enclosed (1 year)
 \$40 Membership Fee Enclosed (2 years)
 \$60 Membership Fee Enclosed (3 years)
 \$10 Student Fee Enclosed (must show proof of enrollment)
 Donation to Mathematics Scholarship Fund _____ Amount _____



AATM REGIONS

- Region 1** - LaPaz and Yuma
Region 2 - Mohave
Region 3 - Yavapai
Region 4 - Coconino
Region 5 - Northern Navajo and Apache
Region 6 - Southern Navajo and Apache
Region 7 - Gila
Region 8 - Graham, Greenlee and Cochise

- Region 9** - Pima and Santa Cruz
Region 10 - Pinal
Region 11 - Western Maricopa (Deer Valley, Washington, Madison, Creighton, Balsz, Wilson, Roosevelt, and Districts further west)
Region 12 - Eastern Maricopa

Thank you for your support! Please make a copy of your completed form for your records.

Date Paid _____ Check# _____ Amount _____

