**[APPLICATION](http://ifacsta-info.weebly.com/membership-application.html) FOR MEMBERSHIP  Affiliated with:  ACTE, NATFACS, IACTE**

Name (Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Middle/Maiden) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Home [Address](http://ifacsta-info.weebly.com/membership-application.html) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
State \_\_\_\_\_\_\_\_\_\_ Zip Code  
  
County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
[Home](http://ifacsta-info.weebly.com/membership-application.html) Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_\_\_  
  
Work Phone (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
CHECK ONE: \_\_\_\_\_ New Member \_\_\_\_\_\_Renewal  
  
 IFACSTA Region \_\_\_\_\_\_\_ Section \_\_\_\_\_\_\_\_ Number of years as IFACSTA Member \_\_\_\_\_\_\_\_\_\_   
  
If an IFACSTA member influenced you to join, please submit his/her name:   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Years teaching FCS, including current year \_\_\_\_\_\_\_\_\_\_   
   
INDICATE TEACHING LEVEL   
\_\_\_\_\_  Jr. High/Middle School  
\_\_\_\_\_  [Secondary/High](http://ifacsta-info.weebly.com/membership-application.html) School  
\_\_\_\_\_  Area [Career Center](http://ifacsta-info.weebly.com/membership-application.html)  
\_\_\_\_\_  Community College  
\_\_\_\_\_  University   
\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 CHECK ONE TYPE OF MEMBERSHIP PACKAGE   
\_\_\_ (A) IFACSTA $65 + IACTE $60 = Total $125   
\_\_\_ (B) IFACSTA $65 + IACTE $60 + ACTE $80 = Total $205   
\_\_\_ (C) IFACSTA $65 + IACTE $60 + ACTE $80 + NATFACS $20 = Total $225   
\_\_\_ (D) Honorary Membership = FREE (Awarded by IFACSTA)   
\_\_\_ (E) [Undergraduate](http://ifacsta-info.weebly.com/membership-application.html) = IFACSTA $15 + IACTE $5 = Total $20   
\_\_\_ (F) Retired = IFACSTA $30 + IACTE $30 = Total $60    
  
Please send check and form to:

Checks are made payable to IACTE and should be sent to:

Cindy Stover

21 Grand Oaks Dr.

Lincoln, IL  62656