**[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