

MATH RECOVERY™ MEMBERSHIP FORM 2010

Please note our NEW address: 205 Powell Place Brentwood, TN 37027

Please complete this form and mail to the US Math Recovery Council with your payment.

Please indicate which Membership Type you would like to purchase in the table below:

| Membership Type (Note: All memberships run January – December) | Cost | Check Here |
|---|---------|------------|
| <i>Full (includes voting privileges; required for active MR Teacher status)</i> | \$50.00 | |
| <i>Associate (no voting privileges)</i> | \$40.00 | |

Is this a New or Renewing Membership (please check in appropriate space)?

OFFICE USE ONLY: F COM MRS

FIRST NAME _____ MI _____ LAST NAME _____

Nickname _____ Job Title _____

School Name _____ School District _____

MAILING ADDRESS: PREFERRED: Work Home

WORK ADDRESS (Please include institution name if applicable)

CITY _____ STATE _____ ZIP _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE AND FAX: PREFERRED: Home Work Cell

HOME PHONE (____) _____ WORK PHONE (____) _____

CELL PHONE (____) _____ FAX (____) _____ Home Work

EMAIL: PREFERRED: Home Work Do you check your email often? Yes No

WORK EMAIL _____

PERSONAL EMAIL _____

Are you willing to have your information included in an online directory visible only to members?

Yes No

INTERESTS

Please circle any of the following that you would like to receive more information about or are interested in participating in.

- | | | |
|--|---|--|
| <input type="checkbox"/> MR Conference | <input type="checkbox"/> Peer-Support | <input type="checkbox"/> AVMR Champion Course |
| <input type="checkbox"/> MR Institute | <input type="checkbox"/> AVMR Course 1 | <input type="checkbox"/> SNAP Course |
| <input type="checkbox"/> Volunteer for MR Events | <input type="checkbox"/> AVMR Course 2 | <input type="checkbox"/> SNAP Facilitator Course |
| <input type="checkbox"/> Writing (Newsletter/Website) | <input type="checkbox"/> MR Specialist Course | <input type="checkbox"/> MR Leader Course |
| <input type="checkbox"/> Speaking/Presenting at events | <input type="checkbox"/> Extending the Framework Course | |

Do you speak a second language? If so, please specify which: _____

MR PROFESSIONAL DEVELOPMENT PROGRAMS

Please fill in respective information for programs you have completed, are in the process of completing, or have registered for. If you can't remember specific info, please write "Not sure."

| Title | Year | Trainer | Certification / Teacher Number |
|-------------------------|------|---------|--------------------------------|
| MR Specialist | | | |
| Extending the Framework | | | N/A |
| MR Leader | | | |
| AVMR - Course 1 | | | N/A |
| AVMR - Course 2 | | | N/A |
| AVMR Champion | | | |
| SNAP Course | | | N/A |
| SNAP Facilitator | | | |

Methods of Payment:

MAKE CHECK PAYABLE TO: US MATH RECOVERY COUNCIL (US Funds)

MAIL TO: US Math Recovery Council
205 Powell Place
Brentwood, TN 37027-7525

FAX TO: (800)816-5631 or (615)369-0701

CREDIT CARD: We can accept MC, VISA, Discover, or American Express

*****Complete the information below if paying by credit card*****

Questions? EMAIL: info@mathrecovery.org PHONE: (800)816-5631

Credit Card Information

NAME (as appears on card) _____

ADDRESS (as appears on credit card statement) _____

CITY _____ STATE/PROVINCE _____ ZIP _____ COUNTRY _____

EMAIL _____ PHONE (____) _____

TYPE OF CARD: VISA MasterCard American Express Discover

CARD NUMBER: _____ AMOUNT TO BE CHARGED: _____

EXPIRATION: Month: _____ Year: _____

SIGNATURE: _____ DATE: _____