

**Association for Career and Technical Education Research**  
**ACTER MEMBERSHIP APPLICATION**

Membership period is for one year (January 1 to December 31).

*Fill out form, attach check, and return to:*

**James Knight**  
**ACTER National Treasurer**  
College of Agriculture and Life Sciences  
Department of Agricultural Education  
PO Box 210036  
Tucson, AZ 85721-0036  
520-621-9144

- ❖ Make checks payable to **ACTER**
- ❖ Dues from outside the USA should be paid in US dollars.
- ❖ Please, NO purchase orders or credit cards

**Membership Category:** \_\_\_\_\_ **New** \_\_\_\_\_ **Renewal**

- \_\_\_\_\_ Regular (\$40.00)  
\_\_\_\_\_ Emeritus (\$10.00)  
\_\_\_\_\_ Student (\$10.00)

**Name:** \_\_\_\_\_

**Title or Position:** \_\_\_\_\_

**Institution or Organization:** \_\_\_\_\_

**Preferred Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number (include area code):** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Web Page URL:** \_\_\_\_\_

ACTER maintains an organizational web site that includes a roster of members. If you wish any information **NOT** to be listed, please indicate below:

Do **NOT** list my name \_\_\_\_\_ Do **NOT** list my institution/affiliation \_\_\_\_\_

Do **NOT** list my e-mail address \_\_\_\_\_ Do **NOT** list my web site URL \_\_\_\_\_

**ACTE Divisions (check one or more):**

- |                                    |                                |                                      |
|------------------------------------|--------------------------------|--------------------------------------|
| _____ Administration               | _____ Guidance                 | _____ Technical Education            |
| _____ Adult Workforce Development  | _____ Health Occupations       | _____ Technology Education           |
| _____ Agricultural Education       | _____ Marketing                | _____ Trade and Industrial Education |
| _____ Business Education           | _____ New and Related Services | _____ Other _____                    |
| _____ Family and Consumer Sciences | _____ Special Needs            |                                      |

**Please list two areas of research expertise and/or interest for the membership directory:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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