



MEMBERSHIP REGISTRATION FORM

Last Name: _____ First Name: _____

School/Place of work: _____

School Address: _____

City: _____ State: _____ Zip: _____

Email: _____

School Phone: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

PLEASE SEND MY FLAME MATERIALS TO MY HOME ADDRESS YES

****All mailings will be sent to your work address unless otherwise specified.****

\$35 FLAME Professional Dues

\$15 FLAME New Teacher Rate

*Teachers who are new to the profession are eligible for a membership to FLAME for \$15.00 for one year only.

\$5 FLAME Full-time Student Rate

\$0 Emeritus: Free to a retiree who was a member during the last 10 years of tenure.

_____ **Membership Dues**

- ❖ **NO PURCHASE ORDERS ACCEPTED!** (A canceled check confirms payment.)
- ❖ **PLEASE COMPLETE A SEPARATE FORM FOR EACH REGISTRANT.**

Please make check payable to FLAME and mail completed form to:
FLAME Treasurer/Membership Sec., P.O. Box 207, Augusta, ME 04337-0207