

PCCTE Membership Application

The Polk County Council of Teachers of English Membership Year runs September 1st to August 31st

Dr. Mr. Ms. Mrs.

Last Name:

First Name:

MI:

Email (school):

Email (home):

Preferred method of contact:

School Name:

Position (subject and grade level):

Membership Information:

New Member \$15.00

Renewal \$15.00

Make checks payable to PCCTE

Please place this form and your check in an envelope and send it by courier to:

**Diane Plowden
Department of Rigor
Instructional Service, Bldg F
Rt. E**

*****Please send each membership form and payment in an individual envelope. This will help us to expedite the enrollment process and will eliminate confusion that may occur when multiple applications and payments are included in the same envelope.**