

Last name		First name	MI
Title		Work phone	Fax
Institution		Home phone	E-mail
Address			
City		State	ZIP
<b>Please mark the appropriate boxes below:</b>			
Type of Institution: <input type="checkbox"/> 2-year private <input type="checkbox"/> 2-year public <input type="checkbox"/> 4-year private <input type="checkbox"/> 4-year public <input type="checkbox"/> High school <input type="checkbox"/> Other			
Status1: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Adjunct			
Status2: <input type="checkbox"/> Administrative <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other			
Program affiliation: <input type="checkbox"/> Act 101 <input type="checkbox"/> TRIO <input type="checkbox"/> Perkins <input type="checkbox"/> Other			
Region: <input type="checkbox"/> Northwest <input type="checkbox"/> Southwest <input type="checkbox"/> Northeast <input type="checkbox"/> Southeast <input type="checkbox"/> Philadelphia <input type="checkbox"/> I don't know			
Are you a new member of PADE? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, in what year did you become a member? If yes, referred by:			
Do you wish to become involved in a PADE committee? <input type="checkbox"/> Yes <input type="checkbox"/> No (See <a href="http://www.pade-pa.org/">http://www.pade-pa.org/</a> for more information.)			
Do we have your permission to publish your name and contact information in a membership directory? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate primary areas of interest: <input type="checkbox"/> Writing Skills <input type="checkbox"/> Administration <input type="checkbox"/> Reading skills <input type="checkbox"/> Math skills <input type="checkbox"/> Counseling <input type="checkbox"/> Learning disabilities <input type="checkbox"/> Learning and study skills <input type="checkbox"/> Basic skills/general education <input type="checkbox"/> Other (Specify: _____)			
Note: As a new member of PADE you will automatically be added to the PADE listserv. Directions for Listserv use will be emailed to you, including how to remove yourself if you wish to.			
Are you a NADE member? <input type="checkbox"/> Yes <input type="checkbox"/> No In what year did you become a member?			
For NADE membership information, see <a href="http://www.nade.net/">http://www.nade.net/</a>			
Membership application must be accompanied by a \$20.00 check or money order made out to PADE – Fed ID# 23-2172095			
Membership fee		\$20.00	
Also enclosed is my contribution of		\$	for the PADE scholarship fund
Total amount enclosed		\$	
Mail check and this form to <b>Renee Starr</b> Director, Developmental Math Arcadia University 450 South Easton Road Glenside PA 19038		For membership questions contact <b>Sandee Zelenak</b> email: <a href="mailto:zelenaks@wccc-pa.edu">zelenaks@wccc-pa.edu</a> Westmoreland County Community College College State Armbrust Road Youngwood, PA 15679	

**For Office Use Only:**

Check # \_\_\_\_\_ Origin of check \_\_\_\_\_ # \_\_\_\_\_ of \_\_\_\_\_ Deposit date \_\_\_\_\_

Original form to Membership Chair:

Copy for Treasurer's records: