

PADE Membership Application

(to accompany all new registrations and renewals)

Last Name	First Name	MI
Title	Work Phone	FAX
Institution		Email Address
Address		
City	State	Zip

Please mark the appropriate boxes below:

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
Status 1: <input type="checkbox"/> Full time <input type="checkbox"/> Part time
Status 2: <input type="checkbox"/> Administrative <input type="checkbox"/> Faculty <input type="checkbox"/> Staff
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"/> Philadelphia <input type="checkbox"/> Southeast <input type="checkbox"/> I don't know
Are you a new member of PADE? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what year did you become a member of PADE? If yes, referred by:
Do you wish to become involved in a PADE committee? <input type="checkbox"/> Yes <input type="checkbox"/> No (See http://www.pade-pa.org/ 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"/> Administration <input type="checkbox"/> Basic skills/general education <input type="checkbox"/> Counseling <input type="checkbox"/> Learning/study skills <input type="checkbox"/> Learning disabilities <input type="checkbox"/> Math skills <input type="checkbox"/> Reading <input type="checkbox"/> Writing skills <input type="checkbox"/> Other(specify):
Would you like to be added to the PADE Listserv? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a NADE member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what year did you become a member? For NADE membership information see http://www.nade.net/ .

If not included in your check for conference registration this 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: Mary Ann Klicka Professor of Mathematics, Science, & Technology Bucks County Community College 275 Swamp Road Newton, PA 18940		For membership questions contact: Karen Sondheimer Director, Tutorial Services & Academic Support Assistant Professor, Developmental Instruction Email: ksondhei@bloom.edu Bloomsburg University 400 E. Second St. Bloomsburg, PA 17815-1301

For Office Use Only

Check # _____ of _____ # _____ of _____ Deposit date _____

Original form to Membership Chair:

Copy for Treasurer's records: