

# MATCEI MEMBERSHIP FORM

Name \_\_\_\_\_  
Last First Initial

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title:    \_\_\_ Teacher EI           \_\_\_ Consultant           \_\_\_ Other \_\_\_\_\_  
              \_\_\_ Social Worker       \_\_\_ Psychologist       \_\_\_ Administrator  
              \_\_\_ University Student \_\_\_\_\_ College/University  
              \_\_\_ University Staff \_\_\_\_\_ College/University

MATEDC Division:    \_\_\_ Public School       \_\_\_ Private Agency       \_\_\_ Public Agency       \_\_\_ University/College

\_\_\_ Professional Member - \$30.00   \_\_\_ College/University Student Member - \$10.00 (attach verification of full time student status)

**PLEASE RETURN TO: MATCEI Membership • P.O. Box 1187 • Okemos, Michigan • 48805-1187**