

MEMBERSHIP AND CONFERENCE REGISTRATION
LOUISIANA TECHNOLOGY EDUCATION ASSOCIATION
P.O. Box 2045 West Monroe, La 71294-2045
318-343-6781 School Fax 318-387-9190

Date: ___/___/___ Recruited by: _____
 Title: Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other ___ Nickname : _____

Name: _____ Home Phone ___/___/___
Last First Middle Initial

Home Address: _____ Home E-Mail: _____

City: _____ State: ___ Zip: _____ Home Fax: _____

School/Agency _____ Work Phone _____ Ext _____

School Address: _____ Work Fax: _____

City: _____ State: ___ Zip: _____ E-Mail _____

Position Title: _____

Area: I II III IV # Years in : Technology ___ LACTE ___ ITEA ___ LTSA ___

TECHNOLOGY EDUCATION:

Division Dues:	\$15.00	Amt. Paid _____
LACTE Dues	\$30.00	Amt. Paid _____
ACTE Dues	\$40.00	Amt. Paid _____
ITEA Dues	\$60.00	Amt. Paid _____
Educational Professional Liability Insurance	\$25.00	Amt. Paid _____

(LACTE Membership Required-coverage)

CONFERENCE REGISTRATION:

Technology Education Conference Registration:

Division Registration	\$10.00	Amt. Paid _____
Luncheon	\$ _____	Amt. Paid _____
Other	\$ _____	Amt. Paid _____

LACTE CONFERENCE REGISTRATION

LACTE Member	\$25.00	Amt. Paid _____
LACTE Non-Member	\$40.00	Amt. Paid _____

TOTAL _____

For Official Use Only

Date Received ___/___/___ Membership I D Number _____
 Check # _____ Cash _____ Processed By _____ Date ___/___/___

WHITE: LTEA CANARY: File Pres.-Elect PINK: LACTE GOLDENROD: Member