



MEMBERSHIP APPLICATION

Yearly Dues — (Please check the option you are choosing)

_____ \$100 for departments of 4 or more teachers

_____ \$25 Individual membership (if your school has 3 or less teachers)

***NO FEE FOR RETIRED TEACHERS or STUDENT TEACHERS**

FILL OUT THIS SECTION FOR SCHOOL DISTRICT MEMBERSHIP (\$100.00)

School District: _____

Business Education teachers to be included in membership: _____

School Phone & Extension _____

E-Mail Address: _____

Address where you want mail sent:

FILL OUT THIS SECTION FOR INDIVIDUAL MEMBERSHIP (\$25.00)

Name: _____

School District/Building teaching in currently: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

\$_____ **TOTAL AMOUNT ENCLOSED (make check payable to SCBTA)**

Send completed form and check to:

Barbara Erler, Business Department
Sachem High School North
177 Granny Road
Farmingville, NY 11738