

TMTA Membership Form

Please complete the following carefully. Please print legibly.

Name _____ Preferred Phone _____

Email Address _____

Mailing address _____

City, State, Zip _____

School Name _____

Primary grade level interest:

elementary middle high college other _____

Membership Fees

I want to be a member of TMTA for 1 year. My dues of \$10 are enclosed.

I want to be a member of TMTA for 3 years. My dues of \$25 are enclosed.

Send your completed form and payment to:

**Stephanie Kolitsch
c/o UT Martin SACS Accreditation
310 Admin Bldg.
Martin, TN 38238**

Questions? Email styler@utm.edu or call 731.881.7477.