GEORGIA ASSOCIATION OF TEACHER EDUCATORS

# 2022-2023 MEMBERSHIP APPLICATION / RENEWAL

1. **Name:**
2. **Home Mailing Address:**
3. **E-mail address:**
4. **Work telephone:**
5. **Home/Cell telephone:**
6. **Title/position:**
7. **Institution/Affiliation:**
8. **Membership Type** (Regular/Retired/Student/Life/Complementary):
9. **Dues Paid:**
10. **First Membership Year:**
11. **Membership Category:**

Regular $20.00

Retired $10.00

Student $10.00

Life $300.00

Public School Administrator (PSA)

Public School Teacher (PST)

College Administrator (CA)

College Faculty Member (CFM)

State Agency-SDE or PSC (SA)

Student – Graduate or Undergraduate (ST)

Other – please specify

1. **ATE Membership Status** (Current/Lapsed/Not an ATE Member): **Yes No**

If you are not an ATE member at the present time, you may download an application form from the ATE website: <https://www.ate1.org/Join-today>

1. Would you like to become more involved in GATE working on a committee, publication, program, or other activity? **Yes No**
2. **Method of Payment:** PayPal (submit to [paypal.me/GAATE](http://paypal.me/GAATE) and be sure to type your name and what

you are paying for in the notes section; email your completed membership form to the GATE Treasurer at jstrickl@westga.edu)

Check (mail your completed membership form and your check payable to GATE to the Treasurer at the address below.)

Credit Card (use your credit card online with the PayPal link and directions above, or complete page 2 of this form and mail it with your completed membership form to the GATE Treasurer at the address below.)

Dr. Janet Strickland, GATE Treasurer

165 Northern Oak Drive

Fayetteville, GA 30214

If you have questions, please contact: jstrickl@westga.edu

GATE MEMBERSHIP CREDIT CARD PAYMENT FORM

Complete this form and return with the GATE membership form for new or renewing memberships.

Check One: MASTER/VISA CARD

# AMERICAN EXPRESS

DISCOVER

Name on Card:

Card Number:

Expiration Date:

\*Security code (MC/Visa/Discover 3 digits on card back; AmEx: 4 digits on card front):

\*Credit Card Billing Address:

City: State: Zip Code:

\*(Address and zip code must match the credit card information on file with the bank to process.)

Signature:

Date: