



Pennsylvania Association of Career and Technical Education Special Populations

MEMBERSHIP APPLICATION

MEMBER INFORMATION

Name _____

Job Title _____

School/Agency _____

Address _____

City, State & Zip _____

County _____

Home Address _____

City, State & Zip _____

Business Phone () _____ Home Phone () _____

E-Mail _____

MEMBERSHIP TYPE (select one):

- New Renewal

MEMBERSHIP OPTIONS (select one):

- Regular Membership – \$45.00

Multiple Membership Discount

- 3 Memberships (from the same school/agency) – \$100.00
 6 Memberships (from the same school/agency) – \$200.00

GET INVOLVED:

- I am interested in becoming active in the association! Please contact me.

MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO PACTESP AND MAIL TO:

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