

**GEORGIA ASSOCIATION OF TEACHER EDUCATORS
2020-2021 MEMBERSHIP APPLICATION / RENEWAL**

1. Name
2. Home Mailing Address
3. E-mail address
4. Work telephone
5. Home telephone
6. Title/position
7. Institution/Affiliation
8. Membership Type (Regular/Retired/Student/Life/Complementary)
10. First Membership Year
11. Dues Paid (Membership Year is October 1 – September 30)

<input type="checkbox"/> Regular	\$20.00
<input type="checkbox"/> Retired	\$10.00
<input type="checkbox"/> Student	\$10.00
<input type="checkbox"/> Life	\$300.00

12. Membership Category
- | |
|---|
| <input type="checkbox"/> Public School Administrator (PSA) |
| <input type="checkbox"/> Public School Teacher (PST) |
| <input type="checkbox"/> College Administrator (CA) |
| <input type="checkbox"/> College Faculty Member (CFM) |
| <input type="checkbox"/> State Agency-SDE or PSC (SA) |
| <input type="checkbox"/> Student – Graduate or Undergraduate (ST) |
| <input type="checkbox"/> Other – please specify _____ |

13. 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>

14. **Yes No** Would you like to become more involved in GATE by working on a committee, publication, program, or other activity?

Please complete and return with your check for dues,
Or complete the credit card information attached. Dr. Sheryl Dasinger, GATE Treasurer
2835 Willow Wood Circle, Valdosta, GA
31602

(If you have questions, please contact
sbdasing@valdosta.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: _____