

PA-NOSS Membership Application

(to accompany all new registrations and renewals)

Last Name	First Name	MI
Title	Work Phone	FAX
Institution		Email Address
Address		
City	State	Zip

Please mark the appropriate boxes below:

Type of Institution: <input type="checkbox"/> 2-year private <input type="checkbox"/> 2-year public <input type="checkbox"/> 4-year private <input type="checkbox"/> 4-year public <input type="checkbox"/> high school <input type="checkbox"/> Other
Status 1: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Status 2: <input type="checkbox"/> Administrative <input type="checkbox"/> Faculty <input type="checkbox"/> Staff
Program Affiliation: <input type="checkbox"/> Act 101 <input type="checkbox"/> TRIO <input type="checkbox"/> Perkins <input type="checkbox"/> Other:
Region: <input type="checkbox"/> Northwest <input type="checkbox"/> Southwest <input type="checkbox"/> Northeast <input type="checkbox"/> Philadelphia / Southeast <input type="checkbox"/> I don't know
Are you a new member of PA-NOSS? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what year did you become a member of PADE? If yes, referred by:
Do you wish to become involved in a governance committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do we have your permission to publish your name and contact information in a membership directory? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate primary areas of interest: <input type="checkbox"/> Administration <input type="checkbox"/> Advising <input type="checkbox"/> Basic skills/general education <input type="checkbox"/> Counseling <input type="checkbox"/> Disabilities <input type="checkbox"/> Learning/study skills <input type="checkbox"/> Math skills <input type="checkbox"/> Reading <input type="checkbox"/> Tutoring <input type="checkbox"/> Writing skills <input type="checkbox"/> Other(specify):
Are you a NOSS member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what year did you become a member? For NOSS membership information see https://thenoss.org

If not included in your check for conference registration this membership application must be accompanied by a \$30.00 check or money order made out to PADE – Fed ID# 23-2172095

Membership fee	\$30.00	
Also enclosed is my contribution of	\$	for the PA-NOSS scholarship fund
Total amount enclosed	\$	
Payments and payment questions, contact: Mary Ann Klicka 3165 Windy Bush Rd. New Hope, PA. 18938 klickam@comcast.net		For membership questions contact: Linda Currie Associate Professor of Mathematics Peirce College 1420 Pine Street Philadelphia, PA 19102 lwcurrie@peirce.edu

For Office Use Only

Check # Origin of Check # of Deposit date

Original form to Membership Chair:

Copy for Treasurer's records: