



## LACTMA Membership Application

Please print or type legibly:

Name:	
School:	District:
Personal Email:	District Email:
Home/Cell Phone: (    )	Work Phone: (    )
Mailing Address:	
City, State, Zip Code:	
Referred by LACTMA member:	

### Los Angeles City Teachers' Mathematics Association

Please choose one of the following two types of annual membership:

<input type="checkbox"/>	Regular Member	\$15 per year
<input type="checkbox"/>	Full-Time Student/District Intern	\$10 per year

To become a member, please register online at

<http://www.lactma-math.org/membership>

OR

mail completed form and check payable to **LACTMA**:

LACTMA  
C/O FRAN STRONG  
324 BRADBURY DRIVE  
SAN GABRIEL, CA 91775

For questions, please email [lactmasect@gmail.com](mailto:lactmasect@gmail.com)