

Long Island Business Teachers Association

~ Excellence in Business Education ~
www.longislandbta.org

2017-2018 Membership Application

School/Business Name: _____

School/Business Address: _____

Town/State/Zip: _____ School/Business Phone #: _____

Building Principal's Name: _____ E-mail: _____

District Superintendent's Name: _____ E-mail: _____

For Departmental Membership

List ALL Department Members (including department leads/chairs) & E-mails

Each Member's Name	Position	School/Business E-mail	Personal/Home E-mail <i>(Not to distributed, used for correspondence because of spam issues)</i>

Use the back/second page of this form for additional names and e-mails if needed

Check LIBTA membership category below:

- LIBTA Department/Business Membership \$75
- LIBTA One Member Department Membership \$35
- Student Teacher Membership \$10
- LIBTA Retired Teacher Membership (No charge)
- Teacher Presently Inactive \$10

Total Amount: \$ _____

Please remit form and payment to:
Long Island BTA c/o Jonas Viik
150 Lincoln St.
Farmingdale, NY 11735

Checks should be made payable to:
Long Island BTA

If paying with PO please include a copy.

