

Excellence in Business Education
www.longislandbta.org

## 2016-2017 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 I List ALL Department Me	Departmen mbers (include		•	chairs) & E-mails	
Each Member's Name	Position	School/Business E-mail		Personal/Home E-mail (Not to distributed, used for correspondence because of spam issues,	
Use the bo	ack of this form for add ry below:	itional names	•	ć	
☐ LIBTA Department/Business Membership \$75			Total Amount: \$		
☐ LIBTA One Member Department Membership \$35			Please remit form and payment to:  Long Island BTA c/o Ana Tuzzolino		
☐ Student Teacher Membership \$10			_	ce, Dix Hills, NY 11746	
☐ LIBTA Retired Teacher Membership (No charge)			Checks should be made payable to:  Long Island BTA		
☐ Teacher Presently Inactive \$10					

If paying with PO please include a copy