

Hillsborough Council of Teachers of Mathematics Membership Information 2015 – 2016 School Year

HCTM is offering three different membership options for the 2015-2016 school year as follows:

Option 1: School Membership with Events included

1st Grade Math Bowl Competition, 2nd Grade Math Bowl Competition, 3rd Grade Math Bowl Competition,

4th Grade Math Bowl Competition, 5th Grade Math Bowl Competition, 4th Grade Baseball TIVITZ Competition,

5th Grade Baseball TIVITZ Competition

2015-2016 Membership Calculations

Student Enrollment K-5 Including ESE	Minimum # Members for 100% Membership	School Membership All Events Included	
Less than 400	20	\$220.00	
400-550	25	\$245.00	
551-700	30	\$270.00	
701-850	35	\$295.00	
851-Above	40	\$320.00	

Option 2: School Membership ONLY - no events included

Student Enrollment K-5 Including ESE	Minimum # Members for 100% Membership	Flat Fee No Events
Less than 400	20	\$100.00
400-550	25	\$125.00
551-700	30	\$150.00
701-850	35	\$175.00
851-Above	40	\$200.00

Option 3: **Individual Membership** - \$5.00 per employee (instructional, non-instructional, administrator) *All beginning teachers are FREE and can be counted toward 100% membership total*

Membership Payment: All payments must be in the form of a check payable to H.C.T.M.

No Cash will be accepted.

Return the attached form along with your check to: Laurie Weiser

BT Washington

Route 7



Hillsborough Council of Teachers of Mathematics

2015-2016 School Year Membership Application

School Name:	Route #: _	Student Enrollment	
Contact Name: Contact Phone #:			
Contact Email:			
Select Membership Option:			
Option 1: School Membership	with events included		
	h Bowl Competition, 2 nd Grade Math lath Bowl Competition, 5 th Grade Mat de TIVITIZ Competition.		
Option 2: School Membership	ONLY with no events included		
Option 3: Individual Members administrators)	hips - \$5.00 per employee (instructio	nal, non-instructional,	
All beginning teachers are FF	REE and can be counted toward the	e 100% membership total	
Amount Enclosed: \$			
Please submit this School Members	hip Application & Payment. Payme	ent must be in the form of a check	
payable to H.C.T.M. No cash will be			
	Laurie Weiser		
	BT Washington - Route #7		
COMPLETE THE RECE	EIPT, CUT IT OFF, & KEEP IT FOR YOUF	R RECORDS	

Elementary School

Laurie Weiser

(write in your option #)

Amount:

Received by:

Received Of:

Memo: HCTM Membership - Option #



Hillsborough Council of Teachers of Mathematics

2015-2016 School Year INDIVIDUAL Membership Application

Name	e (as it appears on Ideas):	
Schoo	ol:	Route #:
Grade	e:	Position:
A		new to Hillsborough County: membership dues are FREE for the first year*)
No	mount Enclosed: \$	New to Hillsborough?Yes
C	heck Number:	_
orm; one p nultiple peo Memb	er person, unless completing the ople from the same school)	nent: Individual Membership Application (this e School Membership Information form for of a check payable to H.C.T.M. No cash will be accepted.
	BT W	ashington – Route #7
		IT IT OFF, & KEEP IT FOR YOUR RECORDS
	Receipt	Date:
	Passivad Of	(vour nama)

Amount:

Laurie Weiser

Received by:

NEW TEACHER

Memo: HCEMC Individual Membership - Option #3