



Print a copy of this form. Mail with check payable to SDCTM to:

Diana McCann
41876 Apple Tree Road
Springfield, SD 57062

Name _____

School Name _____

Subjects or Grades Taught _____

Addresses

Home _____

School _____

Mailing Address: _____ Home _____ School

Home Phone _____

School Phone _____

Fax Number _____

E-mail _____

Membership categories (Check only one)

- _____ Elementary School \$5.00
- _____ Middle School / Junior High \$20.00
- _____ High School \$20.00
- _____ Post Secondary \$20.00
- _____ Retired \$5.00
- _____ Student \$5.00
- _____ Other \$20.00