

S.T.E.L.A. MEMBERSHIP APPLICATION/RENEWAL FORM

The following information will be used to contact members for renewal and membership drive purposes, to send out journals or newsletters, and to forward conference and professional development opportunities information.

Part I: Member Information

Last Name, First Name: _____

Home Mailing Address: _____

City/Town: _____ Postal Code: _____

Home Phone: _____

Home Fax: _____

Home E-mail: _____

School Name: _____

Teaching Certificate Number: _____

(To verify STF membership for grant calculations)

Part II: Type of Membership

- ❖ Includes CCTELA (Canadian Council of Teachers of English Language Arts) and NCTE (National Council of Teachers of English) affiliation but not membership.

_____ Regular \$20

_____ Superannuate \$5

_____ Student \$5

_____ Institutional \$50

I am enclosing _____ for membership fees.

Signature: _____

Date: _____

Membership runs from April 1 of each year to March 31 of the following year.

Please return your completed membership form to:

Brandi Rolfe
S.T.E.L.A. Membership Chair
Box 425
Neilburg, Saskatchewan S0M 2C0

**Please make your
cheque payable to
S.T.E.L.A.**