



# Marketing Educators of Texas

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Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

ISD: \_\_\_\_\_ Campus (if applicable) \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Business Fax (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

DECA District \_\_\_\_\_ Number of years you have taught "only" Marketing Education as of May 2011 \_\_\_\_\_

### DETERMINE AMOUNT TO PAY

|   |      |          |     |
|---|------|----------|-----|
| MET Membership                            | \$55 | \$ _____ | MET |
| *\$10 discount expires 9/1/11             | \$45 | \$ _____ | MET |
| MET Membership (includes TCTC membership) | \$55 | \$ _____ | MET |
| MET Scholarship Donation                  |      | \$ _____ | MET |

*In addition to MET Membership only:*

|   |                   |          |      |
|---|-------------------|----------|------|
| MEA Membership (National)                           | \$56              | \$ _____ | MEA  |
| *Promotion - 2 years for \$56                       |                   |          |      |
| MEA Certification                                   | \$25              | \$ _____ | MEA  |
| MEA Special if you sign up for ACTE and MET         | \$40              | \$ _____ | MEA  |
| ACTE Membership                                     | <del>\$80</del> * | \$ _____ | ACTE |
| *See below  |                   |          |      |
| TCTC Liability Insurance** (VATAT, \$2 million)     | \$30              | \$ _____ | MET  |
| **Full amount must be paid at time of application** |                   |          |      |
|   | <b>TOTAL DUE</b>  | \$ _____ |      |

### INDICATE PAYMENT METHOD - Only CASH or CHECK

Cash \$ \_\_\_\_\_

Check to MET \$ \_\_\_\_\_ Check # \_\_\_\_\_ Received by: \_\_\_\_\_

POST DATED CHECKS:

1<sup>ST</sup> TODAY \$ \_\_\_\_\_ Check # \_\_\_\_\_ Received by: \_\_\_\_\_

2<sup>ND</sup> SEPT 15<sup>TH</sup> \$ \_\_\_\_\_ Check # \_\_\_\_\_ Received by: \_\_\_\_\_

3<sup>RD</sup> OCT 15<sup>TH</sup> \$ \_\_\_\_\_ Check # \_\_\_\_\_ Received by: \_\_\_\_\_