

*Association of Mathematics Teachers of the Rochester Area
Membership Form*

First Name: _____

Last Name: _____

E-Mail: _____

Home Address: _____

Home Phone: () _____

Level: ES MS HS College Other

School District: _____

School: _____

The cost of membership is \$10.

Please make checks payable to "Treasurer, AMTRA"

Mail to:

Anne Marie Stockslader
AMTRA Membership Chair
48 East Grenadier Rd
Scottsville, NY 14546