

Membership Application / Due Renewal Form

Multiple Intelligences: Theory and Practice

Name (please print): _____ Date: _____

Please show your name here as it appears on your AERA Membership, if you are a member.

Organization: _____

Street Address: _____

City: _____

State: ____

Phone Number: ____ - ____ - ____

Email address: _____

Are you an AERA Member? Yes / No

Answer the following if and only if you are an AERA member.

Member #: _____

Currently paying this due (check only one):

___ \$10.00 for one (1) year

___ \$18.00 for two (2) years

The due is for the period _____ to _____.

May we list your name, email, interests on the website / newsletter so that other members may contact you? Yes / No

Please indicate interest areas where you would be willing to contribute:

MI-SIG Activities	Primary Interest Areas
__ Newsletter	__ Curriculum & Instruction
__ Annual Conference Program	__ MI Assessment
__ Graduate Student Award	__ Teacher Development
__ Website Maintenance	__ Arts / Creativity`
__ Research Database	__ MI & Technology
__ Membership	__ Brain Research
__ Reviewer	__ School Renewal
Other: _____	Other: _____

Please describe your areas of work / interest in MI:
