



INDIVIDUAL MEMBERSHIP FORM		
APPLICANT INFORMATION		
INDIVIDUAL MEMBERSHIP		
Name:		
Employer Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Willing to serve on a team: Yes __ No __	
Payment details		
Check Number:	Renewal Contact Person:	
Institutional Membership:	\$100.00 renewed annually.	
Mail checks to:	National Rural Education Association University of Tennessee at Chattanooga 615 McCallie Ave Hunter Hall 212 Chattanooga, Tennessee 37403 Attn: Dr. Allen Pratt	