

“Please Distribute To ALL Kindred Spirits”

Association for Constructivist Teaching
Membership Form

Individual or Institutional Name: _____

Street Address: _____

City: _____ State: _____

Phone: _____ Email Address: _____

Professional Affiliation: _____

Institutional Membership Contact Person: _____

Check one type of membership category below:

_____ Individual Member Dues.....\$40.00

_____ Student/Retired Member Dues.....\$25.00

_____ Institutional Dues.....\$100.00

_____ Life Member Dues.....\$400.00

I am including my donation to the Conference Registration
Support Fund.....\$ _____

I am a: _____ New Member _____ Renewing Member

I wish to be included in _____/omitted from _____ the printed membership roster available to
members attending the annual conference.

Make checks payable to ACT and mail to: Dr. Brenda Fyfe,
Dean, School of Education, Webster University, 470 E. Lockwood,
St. Louis, MO 63119-3194