



MEMBERSHIP FORM 2009

Please complete this form and mail to the US Math Recovery Council with your payment.

Membership Type (All memberships run January – December)	Cost
1 st Year AVMR Membership (remainder of the calendar year following your initial AVMR training)	FREE with Discount Code (ask your Champion) Write Code Below: _____
Renewing AVMR Membership	\$25.00

AVMR Membership provides: Access to Members Only web content, Discount for Math Recovery National Conference, Discount for Math Recovery Books, e-newsletter

FIRST NAME _____ MI _____ LAST NAME _____

Nickname _____ Job Title _____

School Name _____ School District _____

MAILING ADDRESS: PREFERRED: Work _____ Home _____

WORK ADDRESS (Please include institution name if applicable)

CITY _____ STATE _____ ZIP _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE AND FAX: PREFERRED: Home _____ Work _____ Cell _____

HOME PHONE (____) _____ WORK PHONE (____) _____

CELL PHONE (____) _____ FAX (____) _____ Home __ Work __

EMAIL: PREFERRED: Home _____ Work _____ Do you check your email often? Yes _____ No _____

WORK EMAIL _____

PERSONAL EMAIL _____

Are you willing to have your information included in an online directory visible only to members?

Yes ___ No ___

INTERESTS

Please circle any of the following that you would like to receive more information about or are interested in participating in.

- | | | |
|-------------------------------|-------------------------------|-------------------------|
| MR Conference | Peer-Support | AVMR Champion Course |
| MR Institute | MR Specialist Course | SNAP Course |
| Volunteer for MR Events | Advanced MR Specialist Course | SNAP Facilitator Course |
| Writing (Newsletter/Website) | AVMR Course 1 | MR Leader Course |
| Speaking/Presenting at events | AVMR Course 2 | |

Do you speak a second language? If so, please specify which: _____

MR PROFESSIONAL DEVELOPMENT PROGRAMS

Please fill in respective information for programs you have completed, are in the process of completing, or have registered for. If you can't remember specific info, please write "Not sure."

Title	Date Completed	Champion Name
AVMR – Course 1		
AVMR – Course 2		
Other (please specify): _____		

Methods of Payment:

MAKE CHECK PAYABLE TO: US MATH RECOVERY COUNCIL (US Funds)

MAIL TO: US Math Recovery Council
205 Powell Place
Brentwood, TN 37027-7525

FAX TO: (800)816-5631 or (615)369-0701

CREDIT CARD: Place your order online (No need to send in a form)! Go to www.mathrecovery.org, search for "Membership Information" and follow the link to the online store. We can accept MC, VISA, Discover, or American Express

Questions? EMAIL: info@mathrecovery.org PHONE: (800)816-5631