MEMBERSHIP APPLICATION / RENEWAL FORM
(All Memberships Expire December 31)

Name:________________________________________

Company:_____________________________________

Address: □ work □ home

Address:_______________________________________

City, State, Zip, Country:_________________________

Phone:_________________________ Fax:_____________

E-Mail:________________________________________

☐ Please check this box if you would NOT like to be included in the NCME online Member Directory

MEMBERSHIP DUES STRUCTURE
Please check appropriate category.

☐ Active Member…………………………………….$125.00

☐ Student Member Renewal…………………………$25.00

☐ Student Member NEW……………………………NO CHARGE*

*Student Members: In order to take advantage of the complimentary year 1 membership, please list the name of a sponsor from your University (must be a current NCME member):

Sponsor name:_________________________________

JOURNAL PREFERENCE
(both JEM and EMIP):

☐ Electronic

☐ Hard Copy

OTHER MEMBERSHIPS
Are you also a member of AERA?

☐ Yes ☐ No

GENDER

☐ Female ☐ Male

ETHNIC BACKGROUND

☐ African American or Black

☐ Asian or Pacific Islander

☐ American Indian or Other American Native

☐ Hispanic

☐ Caucasian (other than Hispanic)

☐ Other:______________________________

TYPE OF ORGANIZATION
Where are you currently employed?

☐ College or University

☐ School System

☐ State Agency

☐ Federal Agency

☐ Testing Organization

☐ R&D Organization

☐ Evaluation Agency

☐ Psychological Services

☐ Consulting Firm

☐ Independent Consultant

☐ Professional Licensing/Certification Agency

☐ Other:______________________________

COMMITTEE INTEREST

☐ Annual Meeting

☐ Archives

☐ Awards

☐ Budget and Finance

☐ Diversity Issues and Testing

☐ Graduate Student Issues

☐ Membership

☐ Mission Fund Development

☐ Nominations and Elections

☐ Outreach

☐ Publications

☐ Social Media

☐ Standards

☐ Training and Prof. Development

☐ Website Management

CHARITABLE DONATION
Mission Fund: ☐ $10 ☐ $25 ☐ Other:__________

Total Membership/Contribution Payment Amount: (include membership total from above):__________

Credit Card #:____________________________________ Expiration Date__________ CVV:____

Billing Address________________________________________________________________________