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…………………….…………. $95.00
☐ Emeritus Member…………………….…………. $95.00
☐ Student Member Renewal…………………….…………. $45.00
☐ Student Member NEW…………………….…………. NO CHARGE*

Student Members: In order to take advantage of the complimentary new 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 ____________________________

Please send completed application form with check or credit card info to:
NCME – 19 Mantua Road, Mt. Royal NJ 08061