



**PENNSYLVANIA COUNCIL OF TEACHERS OF ENGLISH AND LANGUAGE ARTS
MEMBERSHIP APPLICATION**

Annual Dues

_____ \$25 for a TWO year period

_____ \$5 Student Membership (ONE year)

Name _____

Home Address _____

School Affiliation _____

School or Work Address _____

Level: Elementary _____ Middle _____ Secondary _____ College _____

Other (please specify) _____

Home Phone _____

Email _____

Please mail this form with a check **payable to PCTELA** to:

*PCTELA
PO Box 2327
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