Institutional Membership Application & Dues Renewal Form

Membership year runs from October 1 to September 30

Institution Name			
Department			
Address			
	Street and/or Building		
	City	State	Zip
Institutional Contact			
	Name		
	Office Phone	Fax	
	E-mail address		

CPTSC may _____ may not _____ share the institution's postal address with other academic or professional organizations approved by the CPTSC Executive Board. Sharing is the default if no preference is indicated. The list is shared only rarely and only with organizations whose products or services are directly relevant to the CPTSC mission.

Please enclose a check for \$100 US made out to CPTSC and mail to

Kaye Adkins, CPTSC Treasurer English Department Missouri Western State University 4525 Downs Dr Saint Joseph MO 64507

Thank You for Joining CPTSC as an Institutional Member and thus supporting the work of the organization.