

# Affiliate Application Process

State/provincial and/or regional organizations may apply to become affiliates of the National Council of Supervisors of Mathematics (NCSM) by following these steps. **(Please note your organization has to have been in existence for at least 6 months and have a minimum of 15 members.)**

- Complete the Affiliate Information Form
- Include a copy of your organization's constitution and by-laws; or, a mission statement and by-laws and include the date that they were last approved by the membership
- Provide your membership list. If you are unable to provide it please provide a letter of explanation to the Affiliates coordinator listed below.
- Confirm with your organization's president and your organization's designated NCSM contact that they are current members of NCSM; and
- Provide payment of an annual affiliation fee, equivalent to the NCSM individual annual dues (\$85). Affiliation dues cover one year.

Email your Affiliate Information form and constitution and by-laws to:

Nanci Smith at [nsmith@mathedleadership.org](mailto:nsmith@mathedleadership.org)

OR mail to  
8051 W. Clara Ln.  
Peoria, AZ 85382

Send your check for \$85 and your list of current members to the NCSM office:

NCSM  
c/o Allie Colgan  
PO Box 3406  
Englewood, Colorado 80155  
[office@mathedleadership.com](mailto:office@mathedleadership.com)

Once your organization is approved as an affiliate, you will be asked to renew your membership each year.

*As part of the **Annual Report/Renewal Process**, Affiliates will submit:*

- Annual review and update of Affiliate Information Form;
- A copy of any revisions to the Affiliate's constitution and bylaws;
- Verification that the President/Chair is an NCSM member in good standing;
- Payment of an annual affiliation fee, equivalent to the NCSM individual dues.

For more additional information contact the Affiliate Coordinator:

Nanci Smith, Affiliate Group Chair  
[nsmith@mathedleadership.org](mailto:nsmith@mathedleadership.org) 602-561-0624

# NEWAFFILIATE INFORMATION FORM

---

---

**Please complete this form, submit a current member list, and send a check payable to NCSM for \$85.** Retain a copy for your files. Affiliates in *good standing* are eligible for services and benefits described in the Affiliate Application Process when affiliate dues are received and confirmed. **Affiliation dues cover the year and are non-refundable.** New affiliates will receive their charter at the NCSM annual conference following payment of their affiliate dues. Please maintain your affiliate status by paying your dues each year by the designated date. If affiliation dues become one year past due, your organization may have its charter withdrawn. Payments from Affiliates that owe dues for a previous year will first be applied to the previous year's balance. The NCSM President and Treasurer will receive a Profile Sheet showing that dues were received.

---

**Please Print Legibly or Type**

---

Date this form is being filled out/done \_\_\_\_\_

Filled out by \_\_\_\_\_

## **Part I: Officer Information**

Name of Organization: \_\_\_\_\_

President: \_\_\_\_\_ Term Expires: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is the Affiliate President a member of NCSM? \_\_\_\_\_ If not, please submit a membership application and dues. The Affiliate President must be a member of NCSM.

Treasurer: \_\_\_\_\_ Term Expires: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

President-Elect: \_\_\_\_\_ Term Expires: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NCSM Contact: \_\_\_\_\_ Term Expires: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is the NCSM Contact an NCSM member? \_\_\_\_\_ If not, please submit a membership application and dues. The Affiliate NCSM Contact must be a member of NCSM.

**PART II: Organization**

Date your organization was established \_\_\_\_\_

Your organization must have in existence for at least 6 months before submission of the new affiliate form.

Does your organization have a constitution and/or by-laws? Yes \_\_\_ No \_\_\_

Date that your membership has last approved your organization constitution and/or bylaws (including amendments) \_\_\_\_\_

If no, would you like assistance in writing a constitution or mission statement and by-laws? Yes \_\_\_ No \_\_\_

*(Please attach a PDF document of your organization's constitution.)*

Does your organization have a newsletter? Yes \_\_\_ No \_\_\_

If yes, please provide the name of your newsletter, a link to the newsletter if it exists, and the name and email of the editor.

Name of newsletter \_\_\_\_\_

Newsletter Editor \_\_\_\_\_

Editor's email \_\_\_\_\_

Does your organization have a website? Yes \_\_\_ No \_\_\_

If yes, does it link to the NCSM Web site? Yes \_\_\_ No \_\_\_

URL of your organization's website \_\_\_\_\_

Does your organization have Twitter and/or Facebook Yes \_\_\_ No \_\_\_

Please list if yes \_\_\_\_\_

Membership fees \$ \_\_\_\_\_

Number of board meetings \_\_\_\_\_

**PART III: Organization Activities**

Please attach a list of your organization's events/conferences for the upcoming year, including date(s) and location(s):

Event Date:  
Name of Event:  
Event Theme/Title:  
Event Host Organization:  
Event Location:  
Event City and State/Province:  
Person to Contact or website to visit (for more information):

Awards/grants, etc. given out  
Please list names of awards/grants and reasons they are awarded

Any other activities

---

#### **PART IV: Provide Current Organization Membership Information**

Please tell us the number of members of your organization. \_\_\_\_\_  
minimum 15

Select one of the following options so that NCSM may provide information to members of your organization. **Your membership list will still need to be sent but will only be kept on file by the NCSM office if you choose option 1.**

Option 1: The affiliate president and/or contact will receive periodic emails from NCSM that will be sent to all members by a specified deadline. The monthly e-News/excerpts is one example of NCSM emails that you are encouraged to send to your members.

Option 2: The affiliate organization will send a list of email addresses of its members, and NCSM will send the communications directly to the affiliate members. Affiliates should consider allowing members to opt out of having their email addresses shared.

- Note: Email addresses will only be used to distribute information about NCSM and its activities and will not be shared with other organizations or vendors if you choose option 2.

For Option 2: Please send a list of your organization's current members with their email addresses in an Excel spreadsheet to the NCSM office at [mathedleadership.org](mailto:mathedleadership.org).

LAST NAME	FIRST NAME	MIDDLE	EMAIL
<i>Doe</i>	<i>Jane</i>	<i>A</i>	<u><i>jdoe@xyzusd.k12.zz.us</i></u>

The request for future renewal should go to:

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please email the Affiliate Information Form and a copy of your constitution and by-laws to:**

Nanci Smith at [nsmith@mathedleadership.org](mailto:nsmith@mathedleadership.org)

OR mail to

8051 W. Clara Ln.  
Peoria, AZ 85382

**Please submit Excel member lists and dues of \$85 (check payable to NCSM) to:**

NCSM  
c/o Allie Colgan  
PO Box 3406  
Englewood, Colorado 80155

If you have any questions, are unable to provide a membership list or need additional information, please contact Nanci Smith, Affiliate Group Chair, at [nsmith@mathedleadership.org](mailto:nsmith@mathedleadership.org)