

**AFFILIATE RENEWAL FORM  
 As of June 2017**

**No later than March 15, please complete this form 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 beginning in April at the Annual Conference and are non-refundable.**

Date that 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? Yes \_\_\_ No \_\_\_**

**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 a member of NCSM? Yes \_\_\_ No \_\_\_**

**NCSM Contact must be a member of NCSM.**

**PART II: Provide Your Organization's current Information**

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

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

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

Website \_\_\_\_\_

Publications \_\_\_\_\_

Twitter/Facebook contact \_\_\_\_\_

The information on our affiliate page on the NCSM website is current. Yes \_\_\_\_ No \_\_\_\_

If no, please list what needs to be changed.

Select one of the following options so that NCSM may provide information to members of your organization:

- 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 NCSM e-News/excerpt 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 for 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@mathedleadership.org](mailto:office@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:** \_\_\_\_\_

**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/ given out to your members

Any other activities

**Please submit the renewal information form, (current members list if you chose option 2) and dues of \$85 (check payable to NCSM) to:**

NCSM  
c/o Sonja Hix-Cortina  
PO Box 3406  
Englewood, Colorado 80155  
[sonja@civicamanagement.com](mailto:sonja@civicamanagement.com)  
[office@mathedleadership.org](mailto:office@mathedleadership.org)

**Please cc the renewal form to Nanci Smith; [nsmith@mathedleadership.org](mailto:nsmith@mathedleadership.org)**

If you have any questions or need additional information, please contact Nanci Smith, Affiliates Groups Chair, at [nsmith@mathedleadership.org](mailto:nsmith@mathedleadership.org).