

NERA Northeastern Educational Research Association

Membership Form 2010-2011
Please complete this form and send, with appropriate payment
(make checks payable to: NERA) to:

Dr. Helen Marx, NERA Treasurer
17 Viola Drive – East Hampton, CT 06424
members@nera-education.org

MEMBERSHIP INFORMATION (Please **print clearly** or type and fill in all information)

Name: (Title) ____ (First) _____ (MI) ____ (Last) _____

Affiliation: _____

Preferred Mailing Address (please include zip code)

Address _____

City _____ State _____ Zip Code _____

Telephone: _____ E-mail address: _____

Were you a NERA member last year? Yes No

Will this be your first NERA conference? Yes No

What year (approximately) did you first join NERA? _____

Delivery Preference for the NERA *Researcher*

Please select one of the following:

- Electronic Only**
- Paper & Electronic**

Membership Dues (October 2010 — September 2011)

- \$40 Professional member
- \$15 Retired member
- \$15 Full-time student

\$ _____ TOTAL DUES