

## Payment Form for Dues or Donations

Check One     New Membership (\$50)             Renewal (\$50)             Donation

Date :

First Name :

Last Name :

Address :

Address 2 :

City :

ST/Province :

ZIP/Postal :

Country :

Home Phone :

Cell Phone :

Work Phone :

Email Address:

How did you hear about **TechEdConnect**?

Signature:

**Mail the completed application with dues or donation check (payable to TechEdConnect) to:**

**TechEdConnect Membership  
11 New York Ave  
White Plains, NY 10606-3518**