

CHAMPAIGN, ILLINOIS OFFICE

340 N. Neil St., #104 Champaign, Illinois 61820

WASHINGTON, DC OFFICE

444 N. Capitol St., Suite 382A Washington, DC 20001

www.ncte.org

NCTE Tax-Exempt Group Fees

BY FEBRUARY 28, PLEASE SUBMIT THIS FORM PLUS NCTE TAX-EXEMPT GROUP FEES TO:

NCTE PO Box 14054 St. Louis, MO 63178-4054 with "Tax Exempt Affiliate Fee" written in the memo

NOTE: NCTE TAX-EXEMPT GROUP FEES MUST BE PAID BEFORE YOUR REPORT IS CONSIDERED COMPLETE.

Full Name of Affiliate/Ass	sembly/TYCA Regional/TAWL Group:	
Amount of Dues (Make c	check payable to NCTE):	
\$10 Annual Gro	oup Exemption Fee OR	
\$30 First Time /	Application Fee	
SUBMITTED BY:		
Name:		
Position:		
Date:		
FOR OFFICE USE ONLY		
Check Number:		
NCTE Account Number:		