

Application for ICE Membership

Name: _____ Date: _____

Phone: _____ Email: _____

Address: _____

School: _____ School job: _____

School address: _____

Do you currently hold any elected or paid UFT positions? _____

UFT member since: _____

This application is for new ICE membership
 renewal of ICE membership (Member since _____)

Dues level: \$45.00 Teachers, Guidance Counselors, Social Workers,
Psychologists

\$25.00 First-year Teachers, Lab Specialists, Paras,
Secretaries, Retirees

Sign me up for ice-mail discussion list.
 ice members' list only.
 both lists.

The ICE by-laws contain a meeting-attendance requirement (2 meetings/year) for voting privileges. The ICE steering committee strives to schedule regular and holiday meetings according to members' availability. Please note your regular availability for meetings below.

Best times: (1st) _____ (2nd) _____ (3rd) _____

Best days: (1st) _____ (2nd) _____ (3rd) _____

(This part is for use by the membership committee only)

Renewal date

Address changes

Independent Community of Educators
P.O. Box 1143
Jamaica, NY 11421