ICTM Board of Directors Application

Name:	Email address:	
Educator at	(school system or university	·)
Position:	(example: Middle School Central Representa	ıtive)
4 levels (elementary, middle	high, and college) and 3 locations (north, central, and south)	
Brief Biography:		
Briefly state why you w	ould like to be a member of the ICTM Board of Directors:	
Indian	uncil of Teachers of Mathematic	S
Signatures of three ICT	m while	
Printed Name	Signature	
1	1	
2	2	
3.	3.	

Please scan and send to gbyoder@iupui.edu or mail to Gina Yoder, 9517 Nora Lane, Indianapolis, IN 46240