



**Virginia Association of Teachers of English  
Building Level Membership Application**

**School Name:**

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**Contact Person:**

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**Address:**

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**Phone Number:**

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**E-mail Address:**

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**Level of Membership:**

- \_\_\_\_\_ **8 or fewer (\$150)**
- \_\_\_\_\_ **9-15 (\$275)**
- \_\_\_\_\_ **16+ (\$400)**

Please send completed membership application, names and preferred e-mail addresses of department members, and a check made payable to: **VATE** to

Chuck Miller  
VATE Executive Secretary  
1417 Birchwood Drive  
Crozet, VA 22932