



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

School Name:

Contact Person:

Address:

Phone Number:

Email Address:

Level of Membership:

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

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

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