



# 2023~24 Membership Form *Society of Professors of Education*

Name \_\_\_\_\_

Institutional Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

SPE Website: <https://societyofprofessorsofeducation.wordpress.com>  
[www.societyofprofessorsofeducation.com](http://www.societyofprofessorsofeducation.com)

<https://www.facebook.com/Society-of-Professors-of-Education-106990980648750>

Dues	
Membership Categories	
1 yr.	2 yr.
<u>2023</u>	<u>2023-24</u>
<i>(Check Correct Amount)</i>	
Institutional.... <input type="checkbox"/> \$100.00	<input type="checkbox"/> \$175.00
Regular ..... <input type="checkbox"/> \$60.00	<input type="checkbox"/> \$100.00
Student ..... <input type="checkbox"/> \$20.00	<input type="checkbox"/> \$35.00
Retired ..... <input type="checkbox"/> \$35.00	<input type="checkbox"/> \$55.00
Lifetime Membership .....	<input type="checkbox"/> \$750.00

**If you choose to pay thru  
PayPal --complete this form.  
Submit it electronically and  
you will be invoiced to your  
email.**

**Please Mail/Email To:**  
Dr. Robert C. Morris  
Dept. of ECSE, UWG, COE  
1601 Maple Street  
Carrollton, GA 30118  
(o) 678.839.6132  
E-Mail: [rmorris@westga.edu](mailto:rmorris@westga.edu)