Association of Teachers in Independent Schools in New York City and Vicinity

P.O. Box 1385, Gracie Station, New York, NY 10028-0011
(212) 472-3572

Membership Application

Please type or print clearly and fill in all blanks.

Circle One
Ms.
Dr.
Miss _____
Mr. Last Name First Name Middle Initial
Mrs.

_____
Mailing Address

_____
City State Zip

_____
Telephone:

SCHOOL:_____

DIVISION: _____ Pre _____ Elem_____ Mid____ High

Age Level, Grade or Specialty:

_____

_____

____Previous Member

____Head of School ____ATIS Representative

____Head of Division ____Department Chair

Indicate the length of membership desired. ___ 1 Yr. $40.00 ____ 2 Yrs. $60.00
Return this form to your school representative or send it with your check to ATIS.

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