

April 2015

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TO: Mathematics Education Leaders and Mathematics Leadership Organizations

FROM: John Staley, NCSM President

RE: Process to Affiliate with NCSM

NCSM invites regional, state and provincial mathematics leadership organizations that meet the criteria attached to become an affiliate of NCSM. We hope that you will consider this opportunity to work more closely with NCSM and to gain benefit from the association.

NCSM Affiliates Benefits

- A connection to an established international organization of mathematics leaders.
- The president of the Affiliate group will receive the NCSM e-newsletter for distribution to members.
- Links to your website/Moodle from an Affiliates' page on the NCSM website.
- Opportunities to participate in NCSM professional development activities.
- Assistance from your Regional Director.
- Contacts to NCSM members and speakers.
- Quarterly President (NCSM) to President (your organization) chats.

NCSM Affiliates Responsibilities

- A link from the Affiliate to the NCSM website (if a website/Moodle exists).
- A willingness to promote NCSM membership and professional development opportunities.
- Provide annual information about the Affiliate's officers, members, and conferences.
- A willingness to send a representative to the Affiliates meeting which will be held at the NCSM annual meeting. This meeting will provide a time for the Affiliates' representatives to share what works in the states/provinces and how we can learn from each other.

The application process is simple and begins by completing the items listed on the attached Affiliate Application Process page. NCSM will take applications for affiliates any time up to the deadline; the deadline to complete the process for the 2015-2016 year is March 15, 2015. Affiliate status will be effective immediately after the Board votes and approves the application.

Please feel free to contact me, or the Affiliate Coordinator, Carol Matsumoto, cmat1@mymts.net or at 1-204-663-6975 for more information.

Affiliate Application Process

State and/or regional organizations may apply to become affiliates of the National Council of Supervisors of Mathematics (NCSM) by following these steps:

- Complete the Affiliate Information Form
- Include a copy of your organization's constitution and by-laws; or, a mission statement and by-laws.
- Confirm with your organization's president that he or she is a current member of NCSM; and
- Provide payment of an annual affiliation fee, equivalent to the NCSM individual annual dues (\$85). Affiliation dues cover the year beginning in April at the Annual Conference through the following April.

Send your Affiliate Information form and constitution and by-laws to:

Carol Matsumoto
1802 Henderson Highway Apt 204
Winnipeg, Manitoba, Canada
R2G 3V3

Send your check for \$85 and your list of current members to the NCSM office:

NCSM
c/o Dorothy Shadrick
NCSM
6000 E Evans Ave Ste 3-205
Denver CO 80222-5423
office@mathedleadership.com

Once your organization is approved as an affiliate, you will be asked to renew your membership each year by March 15th.

*As part of the **Annual Report/Renewal Process**, Affiliates will submit:*

- Annual review and update of Affiliate Information Form;
- A copy of any revisions to the Affiliate's constitution and bylaws;
- Verification that the President/Chair is an NCSM member in good standing;
- Payment of an annual affiliation fee, equivalent to the NCSM individual dues.

For more additional information contact the Affiliate Coordinator:

Carol Matsumoto, Affiliate Coordinator

cmat1@mymts.net

1-204-663-6975

NEWAFFILIATE INFORMATION FORM

Due date: March 15

No later than March 15, please complete this form, submit a current member list, and send a check payable to NCSM for \$85. Retain a copy for your files. Affiliates in *good standing* are eligible for services and benefits described in the Affiliate Application Process when affiliate dues are received and confirmed. **Affiliation dues cover the year beginning in April at the Annual Conference and are non-refundable.** New affiliates will receive their charter at the NCSM annual conference following payment of their affiliate dues. Please maintain your affiliate status by paying your dues each year by March 15th. If affiliation dues become one year past due, your organization may have its charter withdrawn. Payments from Affiliates that owe dues for a previous year will first be applied to the previous year's balance. The NCSM President and Treasurer will receive a Profile Sheet showing that dues were received.

Please Print Legibly or Type

Part I: Officer Information

Name of Organization: _____

President: _____ Term Expires: _____

Phone: _____ Email: _____

Is the Affiliate President a member of NCSM? If not, please submit a membership application and dues.

Treasurer: _____ Term Expires: _____

Phone: _____ Email: _____

President-Elect: _____ Term Expires: _____

Phone: _____ Email: _____

NCSM Contact: _____ Term Expires: _____

Phone: _____ Email: _____

PART II: Organization

Does your organization have a constitution and/or by-laws? Yes ___ No ___

If no, would you like assistance in writing a constitution or mission statement and by-laws? Yes ___ No ___

(Please attach a PDF document of your organization's constitution.)

Does your organization have a newsletter? Yes ___ No ___

If yes, please provide the name of your newsletter, a link to the newsletter if it exists, and the name and email of the editor.

Name of newsletter _____

Newsletter Editor _____

Editor's email _____

Does your organization have a website? Yes ___ No ___

If yes, does it link to the NCSM Web site? Yes ___ No ___

URL of your organization's website _____

PART III: Organization Activities

Please attach a list of your organization's events/conferences for the upcoming year, including date(s) and location(s):

Event Date:

Name of Event:

Event Theme/Title:

Event Host Organization:

Event Location:

Event City and State/Province:

Person to Contact or website to visit (for more information):

PART IV: Provide Current Organization Membership Information

Please tell us the number of members of your organization. _____

Select one of the following options so that NCSM may provide information to members of your organization:

- Option 1: The affiliate president and/or contact will receive periodic emails from NCSM that will be sent to all members by a specified deadline.
- Option 2: The affiliate organization will send a list of email addresses of its members, and NCSM will send the communications directly to the affiliate members. Affiliates should consider allowing members to opt out of having their email addresses shared.
- Note: Email addresses will only be used to distribute information about NCSM and its activities and will not be shared with other organizations or vendors.

For Option 2: Please send a list of your organization’s current members with their email addresses in an Excel spreadsheet to the NCSM office at mathedleadership.org.

LAST NAME	FIRST NAME	MIDDLE	EMAIL
<i>Doe</i>	<i>Jane</i>	<i>A</i>	<u><i>jdoe@xyzusd.k12.zz.us</i></u>

The request for future renewal should go to:

Name: _____
Title: _____
Email: _____

Please email the Affiliate Information Form and a copy of your constitution and by-laws to:

Carol Matsumoto
1802 Henderson Highway Apt 204
Winnipeg, Manitoba, Canada R2G 3V3
cmat1@mymts.net

Please submit Excel member lists and dues of \$85 (check payable to NCSM) to:

NCSM
 c/o Dorothy Shadrick
 6000 E Evans Ave Ste 3-205
 Denver CO 80222-5423

If you have any questions or need additional information, please contact Carol Matsumoto, Affiliate Coordinator, at cmat1@mymts.net or 1-204-663-6975.