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CALIFORNIA COUNCIL ON TEACHER EDUCATION

Private/Independent Institution Institutional Delegate/Member Form for 2023-2024 (For Membership Year July 1, 2023 to June 30, 2024)

Name of Institution	
Delegates to CCTE Your basic institutional membership includes six delegates; you are encouraged to add additional delegates (at \$135 each up to 10, and at \$125 each beyond 10). If you enroll all of your teacher education faculty as delegates, and that number exceeds 20, you will be listed as a CCTE annual sponsor with all benefits that come with that distinction. Please enter below (and on an attached sheet if needed) the names and email addresses of your delegates for 2023-2024; if the mailing address for any of the delegates is different from your institutional address on the accompanying form, please so indicate (please check by name and enter address on reverse side of this sheet). You are particularly encouraged to select as delegates individuals from your institution who already are or wish to be engaged in CCTE activities and attend CCTE Conferences.	
(1) Name	E-Mail
(2) Name	E-Mail
(3) Name	E-Mail
(4) Name	E-Mail
(5) Name	E-Mail
(6) Name	E-Mail
Additional Delegates Please enter the names of other persons at your institution whom you wish to enroll as additional delegates to CCTE for 2023-2024 (at \$135 each up to 10 and at \$125 each beyond 10). Attach additional pages if needed.	
(7) Name	E-Mail
(8) Name	_ E-Mail
(9) Name	_ E-Mail
(10) Name	_ E-Mail
(11) Name	_ E-Mail
(12) Name	_ E-Mail
Representative to AICCU-ED If your institution included an institutional membership in AICCU-ED please designate a representative from your institution to AICCU-ED and list here that person's name and email address:	
	l membership in CAPSE/TED please designate a PSE/TED and list here that person's name and email
Representative to CABTE	

New Faculty Members

If you have any new teacher education faculty at your institution (those within their first five years of service) please list their names and e-mail addresses on an additional page so that CCTE may invite them to participate in the CCTE New Faculty Support Program.

representative from your instituioon to CABTE and list here that person's name and email address:

If your institution included an institutional membership in CABTE please designate a

Graduate Students

If you have any graduate students studying teacher education at your institution please list their names and e-mail addresses on an additional page so that CCTE may invite them to participate in the CCTEGraduate Student Support Program.