



SCCTM Advisory Assembly Member Information

Name: _____

School: _____

Teaching Assignment Description: _____

Hub: _____

Home Address: _____

Home Telephone: _____

Home E-mail: _____

School Address: _____

School Telephone: _____

School E-mail: _____

Please highlight the preferred address for regular mail and for email.

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Concerning the SCCTM Website:

I hereby give permission for my name, email address (highlighted above), and picture to be used for the Advisory Assembly information and activities on the SCCTM website.

Signature

Date