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# California Council on Teacher Education

## CALIFORNIA COUNCIL ON TEACHER EDUCATION Institutional Delegate Form for 2025-2026 (For Membership Year July 1, 2025 to June 30, 2026)

Name of Institution \_\_\_\_\_

### Delegates to CCTE

Your basic institutional membership includes six delegates; you are encouraged to add additional delegates (at \$175 each). If you enroll all of your teacher education faculty as delegates, and that number exceeds 20, you will be recognized 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 2025-2026; 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 2025-2026 (at \$175 each). 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 CAPSE/TED

If your institution included an institutional membership in CAPSE/TED please designate a representative from your institution to CAPSE/TED and list here that person's name and email address: \_\_\_\_\_

### Representative to CABTE

If your institution included an institutional membership in CABTE please designate a representative from your institution to CABTE and list here that person's name and email address: \_\_\_\_\_

### Representative to STENT

If your institution included an institutional membership in STENT please designate a representative from your institution to STENT and list here that person's name and email address: \_\_\_\_\_

### 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.

### 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 CCTE Graduate Student Support Program.