



NSTA

National Substitute Teachers Alliance Membership Application

Please print out the form and send it with a check to the address at the bottom of the form.

\$20 for dues or contribution only per year.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Name of District(s):

Approximate # of subs: _____ Pay scale: _____

Approximate # of subs: _____ Pay scale: _____

Approximate # of subs: _____ Pay scale: _____

Approximate # of subs: _____ Pay scale: _____

Approximate # of subs: _____ Pay scale: _____

Other:

Approximate # of subs: _____ Pay scale: _____

Approximate # of subs: _____ Pay scale: _____

Approximate # of subs: _____ Pay scale: _____



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Do you have a substitute association or union in your area? _____

If so, please list the contact person: _____

How did you hear about the NSTA? _____

Do you have any skills or interests that might benefit the NSTA? (check all that apply)

- Public Speaking
- Community Organizing and Event Planning
- Advertising/Marketing
- Fundraising
- Accounting/Budgeting/Finance
- Computer (basic)
- Computer (Intermediate)
- Computer (advanced)
- Webmaster

If webmaster, how many years? _____

Of what website(s) ? (List URLs)

- Legal
- Leadership
 - Served as a club or organization officer # of years: _____
 - Served as a club or organization board member # of years: _____
- Secretarial
- Writing and Publication

<input type="checkbox"/> Bulletins	<input type="checkbox"/> Newsletters	<input type="checkbox"/> Flyers/Brochures
<input type="checkbox"/> Magazines/Journals	<input type="checkbox"/> Newspapers	<input type="checkbox"/> Websites
- Other (please specify): _____

Send to:

National Substitute Teachers Alliance
ATTN: Linda Carter, Treasurer
704 Homer Ave North
Lehigh Acres, FL 33971-1142