

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.

\$20 for dues + \$12 NBS prescription plan per year = \$32

\$12 for NBS prescription plan per year (current and renewed members only)

Name: _____

Address: _____

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: _____

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
 - Bulletins Newsletters Flyers/Brochures
 - Magazines/Journals Newspapers Websites
- Other (please specify): _____

Send to:

National Substitute Teachers Alliance
ATTN: Ron Fletcher, Treasurer
2769 Akron Street
San Bernardino, CA 92407