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.

NSTA dues $20 or contribution per year.

Name:_____

Address:_____

City: _____**State**:_____ **Zip Code**:_____

Phone #:_____ **Fax** #:_____

Email Address:_____

Name of District(s):

_____

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:_____

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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: Linda Carter, Treasurer
704 Homer Ave North
Lehigh Acres, FL 33971-1142