



Individual/Associate MEMBERSHIP FORM

MAILING INFORMATION

Last Name First Name Middle Initial

Address

City State Zip Code

Home Phone Work Phone Cell Phone

FAX Number Email address

CATEGORY (please check the appropriate classification)

- Building and Grounds
- Maintenance and Repair
- Security Services
- Food Services
- Other
- Health and Student Services
- Paraprofessional
- Secretarial, Clerical, Administrative Services
- Technical Services
- Trades, Crafts, Machine Operators
- Transportation, Delivery, Vehicle Mechanics

GRADE LEVEL

- Pre-K
- K-12
- Higher Ed
- Retired

LEADERSHIP POSITION HELD

- Local _____
- State _____
- National _____

MEMBERSHIP INFORMATION

- New Member
- Renewing Member

PAYMENT INFORMATION

- I am ESP and want to have an Individual, voting membership (\$20)
- I am not ESP and want to have an Associate membership (\$10)

Office Use Only:

Summary Sheet Ref. # _____ Summary Sheet Date ___/___/___ Membership Exp. _____

Amount Paid \$ _____

Payment Type: Cash Check (✓ No. _____) Other _____

Received by: _____

Date Received: ___/___/___



Please make check payable to NCESP and mail to:
NCESP
NEA Center for Governance
1201 Sixteenth Street, NW, Suite 813
Washington, DC 20036

Note: Only checks and money orders are acceptable payments through the mail. **Please do not send cash.** Please make a copy of this form for your records before mailing. If you have additional questions or would like to request an Organizational Membership form, please call the Center for Governance at 202-822-7173.