

ASSOCIATE MEMBERSHIP

Associate Membership is open to anyone who is not an active NEA ESP member, and who wants to support NCESP's efforts. Associate Members <u>do not have voting rights</u>. (NCESP Constitution and Bylaws, Article III)

MAILING/INFORMATION

(Please Print)

Name:				
Address:				
City:	State:	Zip:		
Home Phone:	Cell Phone:			
Work Phone:	Fax:			
Email: (For important NCESP updates)				
MEMBERSHIP INFORMATION				
□ New Member □ Renewing Member				
\square (Required) I am an active ESP Member of the National Education Association.				
PAYMENT INFORMATION				
□ ASSOCIATE MEMBERSHIP: \$15				

OFFICE USE ONLY			
SUMMARY SHEET REF.#	_ SUMMARY SHEET DATE:		MEMBERSHIP YEAR:
AMOUNT PAID: \$	_ PAYMENT TYPE: □ CASH	□ CHECK #	OTHER
RECEIVED BY:	DATE	RECEIVED:	



Please make check payable to NCESP and mail with the white copy of this form to:

NCESP, NEA Center for Governance 1201 16th Street, N.W., Ste. 810 Washington, D.C. 20036 NOTE:

Only checks and money orders are acceptable payments through the mail. Please do not send cash. If you have any additional questions or would like to request an organizational membership form, please call the Center for Governance at (202) 822-7000.

cc: White: NEA Yellow: NCESP Pink: Individual



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