INDIANA STUDENT EDUCATION ASSOCIATION
INDIANA STATE TEACHERS ASSOCIATION
NATIONAL EDUCATION ASSOCIATION
20__ - 20__ MEMBERSHIP FORM

Dr., Mrs., Mr., Ms., Miss:_____ Social Security Number: _____ - _____ - _____

Name: _____ Date of Birth: ____/ ____/ ____

•____Permanent Address: _____

City, State, Zip:_____

•____School Address: _____

City, State, Zip:_____

• ✔ Indicate which address is to be used for ISEA mailings.

UNIV/COLLEGE_____

CURRENT CLASS:

Freshman _____ Junior _____

Sophomore _____ Senior _____

Graduate _____

Anticipated Date of Graduation: Month _____, 20_____

I AGREE TO ABIDE BY THE CONSTITUTION AND BYLAWS OF EACH ORGANIZATION

_____

MEMBER'S SIGNATURE DATE

_____

STUDENT SPONSOR'S SIGNATURE

As a member of the Indiana Student Education Association/National Student Education Association you are eligible to receive access to coverage under the NEA Educators Employment Liability (EEL) Program benefits, as well as access to select ISTA and NEAMB programs.

Permanent Phone Number: _____

School Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

*NEA	$15.00
*ISEA	14.00
Subtotal (To be Sent to ISTA)	$29.00
Your Chapter's Dues	
Total	

*Only NEA and ISEA dues are to be sent to ISTA. Do NOT submit chapter dues.

Dues payments are not deductible as charitable contributions for federal income tax purposes. Dues payments (or a portion) may be deductible as a miscellaneous itemized deduction.

ETHNIC CODE: (Check one of the following:)

____ American Indian/Alaska Native
____ Black
____ Hispanic
____ Caucasian (not of Spanish Origin)
____ Asian
____ Native Hawaiian/Pacific Islander
____ Multi-Ethnic
____ Other
____ Unknown

Please Send Remittance to: Indiana State Teachers Association
Attn: ISEA
2650 Reliable Parkway
Chicago, IL 60686-0026

Form RM-2

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