



2020-2021

Associate Membership Registration Form
The New Brunswick Teachers' Association



This form is fillable. Download Adobe Reader to fill out this form https://get.adobe.com/reader/

Please complete the information below and return this form along with your cheque/ money order of \$60 to: NBTA, P.O. Box 752, Fredericton, N.B. E3B 5R6

If you have retired on an NB Teacher plan, please do not send back this form. Associate membership is not required.

Name: Surname First Name Initial

Mailing Address: Apt.

City: Prov. Postal Code:

Email: Phone:

Date of Birth: mm / dd / yyyy Cell:

Type of NB Licence held:

Teacher's Certificate 1 2 3 4 5 6 TL
Interim Certificate 4 5 6

*If applicable, please provide employment documentation from your ASD Office.

The following section must be completed by all applicants:

Occupation: Employer:

Address of Employer:

City: Prov. Postal Code:

Business Phone:

Check here if you wish to have hard copies of the NBTA News mailed.

NBTA Council Interest (Please choose one):

Elementary Middle High School

E-transfer Instructions: (Please send the application to carlene.parker@nbta.ca and the e-transfer goes to the email noted below)

- 1. The email address is nbta.payment@nbta.ca
2. Security question answer is to be NBTA (or nbtaassoc if your bank does not allow 4 letter answers)
3. In the memo box please include your name and what the payment is for.
4. Payment amount is to be \$60.00
5. Print your confirmation of payment as a receipt.

Please note: If you have supplied at least one day this school year, do not complete this form. PLEASE REGISTER at www.nbta.ca

Date: Signature:

For NBTA Use Only

Date Approved: Chq. #:

Contact information: Carlene Parker at carlene.parker@nbta.ca or (506) 452-1833.