

**Associate Membership Registration Form
The New Brunswick Teachers' Association
2017-2018**

Please complete the information below and return this form and your cheque in the amount of **\$60** to:

NBTA, P.O. Box 752, Fredericton, N.B. E3B 5R6

Name: _____
Surname First Name Initial

Mailing Address: _____

City: _____ Postal Code: _____

Email: _____ Home Ph: _____

Date of Birth: ____/____/____
mm / dd / yyyy

Type of NB Licence held:

Teacher's Certificate 1 2 3 4 5 6 TL

Interim Certificate 4 5 6

Current Occupation: _____

Employer: _____

Address of Employer: _____

City: _____ Postal Code: _____

Business Phone: _____

Please check here if you wish to have hard copies of the *NBTA News* mailed to you.

NBTA Council Interest Level (*Please choose only one*):

Elementary Middle High School

Date: _____ Signature: _____

For NBTA Use Only

Date Approved: _____

Membership Card: _____

Receipt: _____

Chq. #: _____

NBTA 06/2017-250

Please note: If you are supply teaching, do not complete this form. You must register online at www.nbta.ca.

