Associate Membership Registration Form
The New Brunswick Teachers' Association
2018-2019

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: _____ Phone: _____

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 06/2018-220

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