NSTU ACTIVE MEMBERSHIP INFORMATION FORM

Important: Long term substitutes DO NOT need to complete this form.
To open an account, you must first be entered in the Membership Registry. Please allow time for your form to be processed.

Professional Number: (6-digit number from Teaching License): _____

First Name: _____ Last Name: _____
Commonly Used Name: _____ Pronouns: _____

Do you identify as a member of an equity deserving group? Yes No Prefer not to answer
If yes, please identify the equity deserving group: _____
Date of Birth: Month: _____ Date: _____ Year: _____

Mailing Address Line 1: _____ Apart./PO Box: _____
City: _____ Province: _____ Postal Code: _____

Preferred/Personal (non-employer) Email Address: _____
Phone Number: _____ Type: _____

Can the NSTU share your phone number with a company contracted to contact you by text message on behalf of the NSTU? Yes No
If yes, please indicate which phone number should be used for text messages:
Can the NSTU share your phone number with a company contracted to provide telephone town hall services on behalf of the NSTU? Yes No
If yes, please indicate which phone number should be used for town hall services:

Teacher Certification: _____ Contract Status: _____
Position: _____ Assignment: _____
Primary School/Site: _____
Alternate School/Site: _____