

NSTU ASSOCIATE MEMBERSHIP APPLICATION FORM

AUGUST 1, 2026 – JULY 31, 2027

Fee - \$10.00 per year (expires July 31st of each year)

The rights of Associate Membership shall include, but not necessarily be limited to the right to:

1. The right to membership in professional associations, except the right to hold office.
2. The right to attend Council as an observer.
3. The right to membership in the NSTU Group Insurance Plan, in accordance with the provisions of the Plan. (NOTE: in order to access NSTU Group Insurance Plan, the applicant must be on leave from a position that provides such eligibility.)
4. The right to receive NSTU publications.

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: _____

Leave of Absence: _____

Faculty at University: _____

Student in EDucation at University: _____

Proof of approved leave of absence (from your employer), or enrollemnt in university for education or as a faculty member at a university must be forwarded to nday@staff.nstu.ca