

## 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: \_\_\_\_\_