

**Personal Information:** 





## **NSBA Council Membership Form**

First Name		MI		Last Name
Home Address:				
	Street			
	City	State/Province		Zip/Postal Code
Residence Phone: _			Fax:	
School District/Bus	siness Name			
School District/ Business Address:				
	Street			
	City	State/Province		Zip/Postal Code
Board Administrate	ard Administrator: Email Address:			
Annual Dues Opt	tion:			
☐ National Ameri	can Indian/Alaska Native ol Board Members	Regular Membership (entitled to vote) \$50.00	☐ Associate Membership (not entitled to vote) \$25.00	☐ Friend (not entitled to vote) \$10.00
☐ National Black of School Board		Regular Membership (entitled to vote) \$75.00	☐ Associate Membership (not entitled to vote) \$50.00	☐ Corporate (not entitled to vote) \$1000.00
☐ National Hispar of School Board	nic Council I Members	Regular Membership (entitled to vote) \$75.00	Associate Membership (not entitled to vote) \$50.00	☐ Corporate (not entitled to vote) \$1,000.00
Board MembersI ☐ Full Board of Th		d NHC membership only Board of Five	<b>')</b> □ Full Board of Seven	☐ Full Board of Nine
		ed to vote) \$300.00	(entitled to vote) \$375.00	(entitled to vote) \$525.00
•	ent (membership will be ool District/Business	e valid once invoice is po	aid)	

Please mail membership forms to: equity@nsba.org