Free Student Semester Membership Setup Form
(Professor Members ONLY)

*** First Name: _____ * Last Name: _____**

*** Prefix:** Mr. _____ Ms. _____ Mrs. _____ Dr. _____

***Your NASET Username: _____**

*** EMAIL: _____**

*** Telephone # : _____**

I hereby verify that I am presently a Professor Member of NASET.

_____ _____

*** Professor's Signature** **Date**

* Asterisk indicates required fields.

FREE SEMESTER MEMBERSHIP SETUP INFORMATION

Course Number _____ Semester Start Date _____ Semester End Date _____ # of Students ____

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As a professor member, you can submit requests for semester membership for your classes throughout your membership by email to: membership@naset.org

Mail to:
NASET Membership Department
3642 E. Sunnydale Drive
Chandler Heights, AZ 85142

Or Fax to:
1-800-424-0371