



Group Membership Application Instructions

Please be sure to enter all required information on the form for each applicant. Make sure that the information entered is legible. If you choose, you can provide the information required on the application in a separate document (Word or Excel) and email to: membership@naset.org or print and fax to 800-424-0371.

If you are a school or school district sponsoring this group: Please designate one individual as the primary contact (does not have to be an applicant). Single payment for the group membership by credit card, school/district purchase order or check is acceptable.

If you are a group *not* being sponsored by a school or school district: Please designate one individual as the primary contact. If you are paying by credit card the payment must be made by one individual who is then responsible for collecting the fees from the other applicants. If paying by check each individual can submit their personal check with the application. *(All applicants checks' must accompany the application).*

In all cases the Primary Contact will receive the membership materials and be expected to distribute to the group members.

If you have any questions or need additional information, you may contact the NASET Membership Department at: membership@naset.org or call 800-754-4421 Ext. 101 (Mon-Fri 10:30-5:30 EST)

Be sure to complete all fields on the application. If all applicants wish to use a common school or district address, please indicate this, but each individual on the application must include the following:

Name, User Name, Password, and Email Address.

NASET GROUP MEMBERSHIP APPLICATION

GROUP MEMBER SPONSOR INFORMATION

School Name:

Address:

Address 2:

Phone:

City:

State:

ZIP Code:

Primary Contact:

Title:

Email:

APPLICANT # _____ PLEASE ADD NUMBER (I.E., 1, 2, 3, ETC.)

Prefix: Mr. Ms. Mrs. Dr. (Circle One)

First Name:

Last Name:

User Name:

Password:

Email Address:

APPLICANT # _____ PLEASE ADD NUMBER

Prefix: Mr. Ms. Mrs. Dr. (Circle One)

First Name:

Last Name:

User Name:

Password:

Email Address:

APPLICANT # _____ PLEASE ADD NUMBER

Prefix: Mr. Ms. Mrs. Dr. (Circle One)

First Name:

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Password:

Email Address:

APPLICANT # _____ PLEASE ADD NUMBER

Prefix: Mr. Ms. Mrs. Dr. (Circle One)

First Name:

Last Name:

User Name:

Password:

Email Address:

APPLICANT # _____ PLEASE ADD NUMBER

Prefix: Mr. Ms. Mrs. Dr. (Circle One)

First Name:

Last Name:

User Name:

Password:

Email Address:

TOTAL MEMBERS IN THIS GROUP

Total Group Members:

PLEASE MAKE ADDITIONAL COPIES AS NEEDED

Page ____ of ____ Pages

National Association of Special Education Teachers

Credit Card Authorization Form

Customer Name: _____ (Exactly as is appears on card)

We accept the following credit cards:



Credit Card Type: VISA _____ Master Card _____ AMEX _____ Discover _____

Card Number: _____ CVC Code _____



Exp. Date: _____ (mm/yy) **Amount to be charged** \$ _____

Credit Card Billing Address: _____

I authorize NASET to charge my credit card listed above for membership fees and any requested

Cardholder's Name: _____

Signature: _____

Mail Application and Payment form to:

**NASET Membership Department
3642 E. Sunnydale Drive
Chandler Heights, AZ 85142**

Upon successful entry of payment information you will receive an email confirmation of your payment and membership acceptance.