



Membership Application Form

*Create Username: _____
(6-50 characters - MUST BE ALL LOWER CASE)

* Password: _____
(5-40 characters)

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

* First Name: _____ * Last Name: _____

* Mailing Address : _____ Address 2: _____

* City _____ * State: _____ * Zip Code: _____

* EMAIL: _____

Telephone: _____ How did you hear about NASET? _____

* Asterisk indicates required fields.

MEMBERSHIP OPTIONS:

* Membership Type:

One Year Membership:

- _____ \$59 – Special Education Teacher Membership
- _____ \$59 – Affiliate Membership
- _____ \$59 – Professor Membership
- _____ \$50 – Student Membership
- _____ \$59 – International Membership

Two Year Membership:

- _____ \$95 – Special Education Teacher Membership
- _____ \$95 – Affiliate Membership
- _____ \$95 – Professor Membership
- _____ \$85 – Student Membership
- _____ \$95 – International Membership

When paying by check or money order please make payable to: **NASET**

If using a credit card, please complete the Credit Card Authorization form and return both forms to:

NASET Membership Department
3642 E. Sunnydale Drive
Chandler Heights, AZ 85142
FAX: 1-800-424-0371 or Scan & Email to: membership@naset.org
Credit Card Authorization Form

CREDIT CARD AUTHORIZATION FORM

(DISREGARD THIS IF PAYING BY CHECK, MONEY ORDER OR PURCHASE ORDER)

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

Cardholder's Name: _____

* Signature: _____

Upon successful entry of payment information you will receive an email confirmation of your payment and membership acceptance. The confirmation email will be sent to the email address you entered for your membership.