Professor Membership Application Form

***Create Username:** _____
(length 6-50 characters)

*** Password:** _____
(length 5-40 characters)

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

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

Gender: Female_____ Male _____

*** Highest Degree Obtained:** _____ Where Obtained _____

*** Mailing Address :** _____ Address 2: _____

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

Home Phone: _____Office Phone: _____ Fax: _____

*** EMAIL:** _____ How did you hear about NASET? _____

* Asterisk indicates required fields.

MEMBERSHIP OPTIONS:

One Year Membership: ____ $59 – Professor Membership

Two Year Membership: ____ $95 – Professor Membership

FREE SEMESTER MEMBERSHIP SETUP INFORMATION (optional)

Course Number _____ Semester Start Date _____ Semester End Date _____

Course Number _____ Semester Start Date _____ Semester End Date _____

Course Number _____ Semester Start Date _____ Semester End Date _____

Course Number _____ Semester Start Date _____ Semester End Date _____

Course Number _____ Semester Start Date _____ Semester End Date _____

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

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:

MAIL TO: NASET Membership Department
3642 E. Sunnydale Drive
Chandler Heights, AZ 85142

Or FAX TO: 800-424-0371

Or SCAN & EMAIL TO: membership@naset.org

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 items shipped to my address or to the below listed address.

Cardholder's Name: _____

Signature: _____

Upon successful entry of payment information you will receive an email confirmation of your payment and membership acceptance. In addition, you will receive a separate email for each Semester Class with registration instructions for you students.