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 ________

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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
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.