



# 2008-2009 STUDENT APPLICATION EDUCATION MINNESOTA STUDENT PROGRAM

An affiliate of the National Education Association and the American Federation of Teachers.

To apply for membership in the Education Minnesota Student Program, please complete this form and enclose with a check or money order for membership dues (do not paper clip or staple) payable to Education Minnesota. Foreign checks and cash not accepted.

Or you may apply for membership after April 1, 2008 using a credit/debit card and receive immediate confirmation of membership. Go to [www.educationminnesota.org](http://www.educationminnesota.org) and click on the Student Members link in the left column.

DUES STRUCTURE		
REQUIRED ►	NEA/AFT	\$15
REQUIRED ►	EMSP	\$10
IF APPLICABLE ►	College Chapter Dues	\$

Total amount enclosed \$ \_\_\_\_\_

## The membership year is from September 1, 2008 – August 31, 2009.

If you have questions, concerns or problems, contact your Education Minnesota Student Program Representative.

- Tammy Barnes: (800) 642-3239, [tammy.barnes@educationminnesota.org](mailto:tammy.barnes@educationminnesota.org)
- Michelle Goos: (800) 622-4981, [michelle.goos@educationminnesota.org](mailto:michelle.goos@educationminnesota.org)
- Greg Miller: (800) 622-7767, [greg.miller@educationminnesota.org](mailto:greg.miller@educationminnesota.org)
- Debbie Kinney: (800) 652-9073, [debbie.kinney@educationminnesota.org](mailto:debbie.kinney@educationminnesota.org)

Enroll online, return form to campus chapter, or mail to:  
**Education Minnesota**  
**ATTN: Membership Department**  
**41 Sherburne Avenue**  
**St Paul, MN 55103**

Please notify us if your address changes to ensure that membership benefits continue. Call (800) 652-9073 or (651) 227-9541 and ask for membership. Visit [www.educationminnesota.org](http://www.educationminnesota.org) and click on the link for Student Members in the left column for additional Member Benefits information.

### COMPLETE ALL BOXES (Please print in capital letters) 2008-2009

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Social Security Number  -  -

Member Number, if known

Last Name  First Name  MI

Mailing Address  Apt #

City  State  Zip

Home Phone (  )  -  Expected graduation date  /  /

Personal E-mail

Ethnicity  American Indian/Alaskan Native  Black  Hispanic  Caucasian  Asian  
 Native Hawaiian/Pacific Islander  Multi-Ethnic  Other  Unknown

Date of Birth  /  /  Gender  Female  Male

College

I understand that: 1) This membership is effective for the school year September 1, 2008, through August 31, 2009.  
2) I am obligated to pay dues as established by EMSP/NEA/AFT and my local chapter, if applicable.  
3) The professional liability insurance does not provide coverage for non-teacher preparation related internship activities, etc.

➔  Applicant Signature  Date  Total amount enclosed