STUDENT MEMBERSHIP ENROLLMENT FORM

NATIONAL EDUCATION ASSOCIATION — Great Public Schools for Every Student

ALABAMA EDUCATION ASSOCIATION
SEPTEMBER 1 - AUGUST 31
2018-2019

STUDENT ALABAMA EDUCATION ASSOCIATION

AEA USE ONLY	UD DISTRICT NUMBER	
AEA MEMBER ID NUMBER		

PERSONAL INFORMATION - PLEASE PRINT LEGIBLY

Social Security Number	*Date of Birth: 00/00/0000	*Gender: *(Circle One)*	M F
First Name	M.I.	Last Name	
Apt. #	Address		
City	State	Zip Code	

CONTACT INFORMATION

Cell Phone (___ ___ ___) -	Personal Email:
Text*: YES NO **Data and messaging rates apply*	Other Email:

ETHNIC INFORMATION

- American Indian/Alaska Native
- Black
- Hispanic
- Caucasian/Not Spanish Origin
- Asian
- Native Hawaiian/Pacific Islander
- Multi-Ethnic
- Other
- Unknown

MEMBERSHIP INFORMATION

School Name _____

Classification (Year)_____

Anticipated Graduation Date _____

Major/Program of Study _____

Former FTA Member? _____ Renewing Membership?_____ New Member?_____

Email this completed form to myaea@alaedu.org

MEMBER SIGNATURE

DATE