MEMBERSHIP ENROLLMENT FORM



**MEMBER INFORMATION – PLEASE PRINT LEGIBLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** |  | | **Last Name** |  |
| **DOB**  **##/##/####** |  | **Position** |  | |
| **District** |  | | **School** |  |
| **Are you currently a registered voter in Craighead County?** | | | | ( ) Yes ( ) No |
| **How many years of service do you have in education?** | | | |  |

**CONTACT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cell**  **Phone** |  |  | **Work**  **Phone** |  |
| **School Email** |  |  | | |
| **Personal**  **Email** |  |  | | |

**COMMITTEE INTEREST - YOU MAY SELECT YES FOR AS MANY AS YOU LIKE**

|  |  |
| --- | --- |
| **Would you like to serve on the Scholarship Committee?** | ( ) Yes ( ) No |
| **Would you like to serve on the Events Committee?** | ( ) Yes ( ) No |
| **Would you like to serve on the Recruitment & Promotion Committee?** | ( ) Yes ( ) No |
| **Would you like to serve on the Legislative Committee?** | ( ) Yes ( ) No |

**DUES AUTHORIZATION**

*I, the undersigned, authorize my school district to automatically deduct $10 (once annually) for my JFAST membership dues.*

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Member Signature Date

JFAST

Jonesboro Faculty And Staff Team

www.jpsjfast.weebly.com