

MEMBERSHIP ENROLLMENT FORM

JFAST

 JONESBORO FACULTY AND STAFF TEAM

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 <i>Optional</i>	
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.

Member Signature

Date

JFAST

Jonesboro Faculty And Staff Team
www.jpsjfast.weebly.com