

ARKANSAS EDUCATION ASSOCIATION/NATIONAL EDUCATION ASSOCIATION STUDENT PROGRAM



NOTICE OF EMPLOYMENT AS A TEACHER

NAME		
ADDRESS		
CITY	STATE	ZIP
E-MAIL ADDRESS		
PHONE	TEXT	

I am currently a member of the AEA/NEA Student Program and will be graduating this year. I want to continue my membership in the Association. Please check the appropriate box:

I have been employed by the _____ (school district) in _____ (state)

I have been employed by a school in another state:

Simply complete this form in Adobe Reader, save and email to:
ar-bwalton@nea.org or ***aea.ryanroberts@gmail.com***