



# NATIONAL STUDENT COUNCIL

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Please type or print clearly all information below.

## 1. SCHOOL INFORMATION

Name of school: \_\_\_\_\_  
(Please provide full name of the school to be included on your member certificate.)

School address: \_\_\_\_\_ School telephone: \_\_\_\_\_

\_\_\_\_\_ School fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mr.  Ms.  Mrs.  Dr.  Other \_\_\_\_\_

Principal's name: \_\_\_\_\_

Principal's email: \_\_\_\_\_

Current grade levels at school: \_\_\_\_\_

## 2. PRIMARY ADVISER INFORMATION

**A member of the school's faculty or professional staff must be appointed as a primary adviser.**

Mr.  Ms.  Mrs.  Dr.  Other \_\_\_\_\_

Primary National Student Council adviser: \_\_\_\_\_

Email address: \_\_\_\_\_

Cellphone: \_\_\_\_\_

National Student Council occasionally makes its members' mailing addresses (but never telephone, fax, or, email information) available to third parties who provide related products and services.

Check here if you do NOT want to receive such promotional mailings from third parties.

## 3. PAYMENT INFORMATION

**Membership year is July 1–June 30. Payment must accompany this form. Membership becomes effective when payment is received.**

**Note: Purchase orders are not accepted.**

**Amount Due: \$95.00**

**Please make a copy of this form for your records.**



**Make check payable to:  
 National Student Council/NASSP\*  
 (FEIN #52-6006937).  
 Enclose payment in U.S. funds  
 drawn on a U.S. bank.  
 Mail to: NASSP, P.O. BOX 417939,  
 Boston, MA 02241-7939  
 Allow 3–4 weeks for processing.**

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