Please type or print clearly all information below.

1. SCHOOL INFORMATION

Name of school: ________________________________________________________________

School address: ______________________________________________________________

City: __________________ State: ______ Zip code: ______________

School telephone: ___________________ School fax: ____________________

☑ 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: _______________________________ ________________________________

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.