



NATIONAL STUDENT COUNCIL

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 this form and follow the
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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
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Mail to: NASSP, P.O. BOX 417939,
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