



Individual Membership Application

Your **PREMIUM NHSTE** membership lets you . . .

1. **Stay Up to Date** – Receive quarterly editions of *Connections* newsletter. Receive frequent updates through the tech coordinator, tech teacher, and members' listserv.
2. **Have Your Voice Represented** – NHSTE representatives participate in public hearings, state level committees, and major grant initiatives.
3. **Access the Latest Professional Development** – Participate in NHSTE professional development events, partnered workshops, tech coordinators days, and brokered courses with other districts.
4. **Get More For Your Dollar** – Receive discounts on NHSTE sponsored events.

Please check one: New Member Renewal

Date:

Name:

School/Company:

SAU (if applicable):

Title:

Home Address

Work Address

Street:

Street:

City, State Zip:

City, State Zip:

Phone:

Phone:

Email:

Email:

(Please circle your preferred email address)

Area of Focus – Please choose **ONE**

| | | | |
|---|--|---|---|
| <input type="checkbox"/> K-6 | <input type="checkbox"/> K-8 | <input type="checkbox"/> K-12 | <input type="checkbox"/> K-Post Secondary |
| <input type="checkbox"/> Primary | <input type="checkbox"/> Middle School | <input type="checkbox"/> Middle/High School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Other (please describe): | | | <input type="checkbox"/> Post Secondary |

Membership Directory Information (please check **all** that apply)

| | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Classroom Teacher | <input type="checkbox"/> Technician | <input type="checkbox"/> Library/Media Specialist |
| <input type="checkbox"/> Technology Teacher | <input type="checkbox"/> Engineer | <input type="checkbox"/> School/District Administrator |
| <input type="checkbox"/> Technology Integrator | <input type="checkbox"/> Consultant | <input type="checkbox"/> Tech Aide |
| <input type="checkbox"/> Technology Coordinator | <input type="checkbox"/> Vendor | <input type="checkbox"/> Other: |

SIG – Special Interest Groups (please check **all** that interest you)

| | | |
|--|--|---|
| <input type="checkbox"/> Tech Teachers/Integrators | <input type="checkbox"/> Tech Coordinators | <input type="checkbox"/> Library/Media Specialist |
| <input type="checkbox"/> First Class | <input type="checkbox"/> Engineers | <input type="checkbox"/> Other: |

Include my name in any **mailing lists** generated for other organizations.

Include my name in the **Membership Directory**.

| | |
|--|--|
| <input type="checkbox"/> One-Year PREMIUM Membership (\$25) <input type="checkbox"/> Two-Year PREMIUM Membership (\$45) (\$22.50/yr) <input type="checkbox"/> Three-Year PREMIUM Membership (\$60) (\$20/yr) <input type="checkbox"/> Full-Time PREMIUM Student Membership (\$15) | Please make checks payable to NHSTE and mail this form with your check to: NHSTE – Membership 46 Donovan Street, Suite 3 Concord, NH 03303 |
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We could use your expertise. Volunteers run NHSTE, and we are always looking for help! Please check how you would like to contribute to our organization.

| | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Membership | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Conferences | <input type="checkbox"/> Awards | <input type="checkbox"/> Publicity |

Check out NHSTE's NEW Bundle Pack options also.