



NSMEA MEMBERSHIP FORM

Name: _____

Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Phone: _____

NSTU E-mail: _____@nstu.ca

Other E-mail: _____

School Board: _____

School: _____

Teaching Assignment: (check all that apply)

P-6 ___ 7-9 ___ 10-12 ___ University ___

Membership Category:

___ NSTU Active and Active Reserve: (includes retired substitute): \$15

___ Student: \$7.50

___ Subscriber: \$10

Make cheques payable to Nova Scotia Music Educators' Association.

Your membership becomes effective upon receipt of your cheque.

Send this form and cheque to:

NSMEA Membership

c/o NSTU

3106 Joseph Howe Drive

Halifax, N.S. B3L 4L7