Your Partner. Your Advocate. Your Association.

How can we best support you?

Please print using one box per letter.

FIRST NAME **MIDDLE NAME** **LAST NAME**

WORKSITE **EMPLOYER**

PERSONAL EMAIL

HOME ADDRESS **CELL PHONE #**

CITY **STATE** **ZIP**

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JOB TITLE *(Pick one that most represents your work.)*

- ☐ Classroom Teacher
- ☐ Special/Developmental Ed
- ☐ Counselor
- ☐ Librarian
- ☐ Administrator
- ☐ Speech/Hearing
- ☐ Psychologist
- ☐ Reading Specialist
- ☐ Coach
- ☐ Occ. Therapist
- ☐ Other
- ☐ Education Support Professional

1) What year did you enter the profession?

(YYYY)

2) I am:

- ☐ Already a member
- ☐ Transferring from another school district
- ☐ Joining the Association today
- ☐ I would like more information about membership

3) Your association provides supports and tools to ensure your success with students. What tools/trainings would you like to hear more about?

- ☐ Classroom management (e.g. student behavior, relationships with students)
- ☐ Lesson planning
- ☐ Working with mentors/coaches
- ☐ Working with families
- ☐ Collaborating with administrators and colleagues
- ☐ Unpacking professional expectations (e.g. Evaluations, observations)

4) Your association works to ensure that schools provide students with opportunities to be successful. Which issues are most important to you?

- ☐ Social and racial justice
- ☐ Meeting the needs of students in poverty
- ☐ Family and community engagement
- ☐ Fully funded schools
- ☐ Education policy—*Contributing to critical decisions affecting my students, school, and district*
- ☐ Political advocacy—*Supporting education policies to ensure all students have opportunities to succeed*

5) Your association advocates for conditions that retain high-quality educators for every student. Which of these are you interested in learning about?

- ☐ Salary
- ☐ Educator Rights & Responsibilities
- ☐ Health Care Benefits
- ☐ Pensions and Retirement Security
- ☐ Student Debt and/or Finances
- ☐ Stretching Your Paycheck
- ☐ Working Conditions

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