



Newburgh Teachers' Association

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A Union of Professionals

NYSUT

AFT

NEA

AFL-CIO

Local #2867



Member Information Change Form

All Newburgh Teachers' Association members, please use this form to update your personal membership information if you have changed any of the information listed below. Due to "HIPPA" requirements, this must be done separately for the NTA and the Benefit Trust Fund. You may update your NTA records by completing this form and forwarding it the NTA office. This information is for NTA use only.

PLEASE CHECK ONE:

Teacher Teaching Assistant Substitute Other _____

SCHOOL: _____

NAME: LAST: _____ FIRST: _____ M.I.: _____
 Please check if change of name. Previous Name: _____

ADDRESS: STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME NUMBER: (____) _____ CELL PHONE: (____) _____

EMAIL ADDRESS: _____ @ _____

SOCIAL SECURITY NUMBER: _____

D/O/B: ____/____/____ SEX: F M MARITAL STATUS: S M

DATE OF EMPLOYMENT: ____/____/____ TENURE AREA: _____

ARE YOU A REGISTERED VOTER? YES NO

If Yes, what school district? _____

SIGNATURE: _____

DATE: _____