Student/Teacher Interest Form



Name			
Las	t	First	Initial
Home Address			
	Street	City/Town	State Zip
Home Phone	Се		
Personal Email			
Birthdate	What yea	r will you graduate?	
Are you a Student MEA	member? □Yes □ N	No	
Where do you attend sch	iool?		
What subject(s) do you p	olan to teach?		
Grade level?			
Where will you be stude	nt teaching?		
When will you start your	student teaching ass	ignment?	
How are you involved wi	th MEA?		
Best way to reach you?			Student MEA
Email Cell	PhoneText M	essage In person	student michigan education association
Best time to contact you	? Da	ws.	Time
	Da	yo	Time
Signature			Date

You must be a member to participate in this program.

If you would like to join, please call or email Rebbecca Ernst at 800-292-1934 ext. 6250 rernst@mea.org

Return to Rebbecca Ernst, MEA Member Engagement, 1216 Kendale Blvd., PO Box 2573, East Lansing, MI 48826-2573 or fax: 517-336-4009