

GATEWAY TO SCIENCE EDUCATORS CLUB MEMBERSHIP APPLICATION

Educators Club Membership costs \$35.00 (a regular family membership is \$50.00). The membership covers two adults and any children in your family who are under age 18. Students in your class are not covered. The Educators Club Membership is available to current K-12 teachers and school administrators, employed by an accredited public or private school in North Dakota. Proof of employment is required. THIS MEMBERSHIP IS NOT TRANSFERABLE.

TO PROCESS YOUR MEMBERSHIP PLEASE PRINT AND COMPLETE THIS APPLICATION.

Send it along with your payment and proof of employment or bring it into our office to:

Gateway to Science
1810 Schafer Street, Suite 1
Bismarck, ND 58501-1218.

EDUCATOR INFORMATION		
Name:	Additional Name to Appear on Card (e.g. Spouse):	
Current address:		
City:	State:	ZIP Code:
Phone:	Phone 2:	Email:
EMPLOYMENT INFORMATION		
Current School:		
Please check: <input type="checkbox"/> Teacher or <input type="checkbox"/> School Administrator		How long?
Grade Taught:	Subject Taught:	
School Address:	City/State/ZIP:	
School Phone:	E-mail:	
FAMILY INFORMATION IF MEMBERSHIP PRIVILEGES DESIRED (THAT WILL VISIT GATEWAY TO SCIENCE)		
NAME (S)	AGE	STAFF ONLY (INITIAL)
PROOF OF EMPLOYMENT IS REQUIRED. THE FOLLOWING FORMS ARE ACCEPTED:		
	PLEASE CHECK BELOW:	STAFF ONLY (INITIAL/DATE)
VALID EDUCATOR STAFF BADGE		
VALID EDUCATION INSTITUTION PAY STUB		
YOUR PROOF OF ELIGIBILITY IS REQUIRED EVERY YEAR IF YOU'D LIKE TO RENEW THE EDUCATORS CLUB MEMBERSHIP		
<p>We cannot offer refunds for existing memberships. Your membership is activated as soon as payment is processed. Please allow 5-7 business days for processing to receive your Membership Card in the mail.</p>		
SIGNATURE		
I authorize the verification of the above information.		
Signature of applicant:		Date:

GATEWAY TO SCIENCE STAFF ONLY:

PLEASE INDICATE: Date Received: _____ Form of Payment: _____ All Required Information: _____

Date Processed: _____ INITIAL: _____