



## ASSOCIATE MEMBERSHIP

APPLICATION FOR STATE MEMBERSHIP IN EDUCATION MINNESOTA AS AN ASSOCIATE MEMBER

Associate membership is open to any individual who supports the goals and activities of Education Minnesota, including teachers/faculty and educational support professionals employed in a setting where they are not represented by an Education Minnesota local union. Associate members do not have voting or governance rights. However, you will be empowered to say you are a proud Associate Member of Education Minnesota. You can serve as an ambassador for the mission and message of the organization. And when/if you are in a position to organize a local or join an existing local, you can become an active member with the full rights and benefits that accompany that status.

Associate membership dues in the amount of \$40 provide membership in Education Minnesota (state organization only) and include the following state member benefits:

### **\$1 Million Professional Liability Insurance Coverage**

Associate members employed as a teacher/faculty or educational support professional are provided professional liability coverage for certain employment-related incidents.

### **Professional Development**

A variety of services including workshops, information updates, State Convention, etc.

### **State Publications**

### **State Member Services**

Financial/Retirement Planning Services, Long Term Care Insurance, Mortgage and Realty Services, Auto and Home Insurance, Credit Card with Rewards Program, Auto Buying and Leasing, Travel, BOSE and Motor Club.

To apply for Associate membership, please complete and detach the application below and mail with a check in the amount of \$40 payable to Education Minnesota to the following address. Retain the upper portion for your records.

Education Minnesota  
Membership Department  
41 Sherburne Avenue  
St Paul MN 55103

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### EDUCATION MINNESOTA 2007-2008 ASSOCIATE MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Home Email \_\_\_\_\_

**Select One:**  Teacher/Faculty  Educational Support Professional (ESP)  Friend of Education

*I understand that this membership is in force for the membership year (September 1 through August 31) and that I am obligated to pay dues as established by Education Minnesota. I certify that the above information is correct and I agree to subscribe to the goals and objectives of Education Minnesota and to abide by its Constitution and Bylaws.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date