



Individual Membership Application

909 East Second Street • Bloomington, IN 47401 • p: 812.330.2702 • f: 812.333.3435

Date _____

First Name _____ Middle/Maiden/Alternate _____ Last Name _____

Home Address _____ City _____ State _____ Zip _____

() _____ () _____
Home Phone _____ Cell Phone _____ E-mail(s) _____

Workplace _____ Position/Role _____

Work Address _____ City _____ State _____ Zip _____

() _____ () _____
Work Phone _____ Fax _____

Membership level: Contributing Member - Annual contribution (select level): \$25 \$50 \$75
 National Facilitator Member (annual contribution of \$150)

Options (select one): Annual Auto-Renewal (credit card only): NSRF will charge your card annually on your anniversary date. You may cancel this option at any time.
 Single Year: Pay with check, money order, or credit card. NSRF will notify you when your membership is about to expire for renewal options.

Scholarship Fund: I'd like to contribute to the Faith Dunne/Nancy Mohr Scholarship Fund in the amount of \$_____ Include this amount in my annual auto-renewal.

Payment: Check or money order (enclosed- payable to NSRF)
 Credit card:

Cardholder's Name _____ MasterCard Visa



Card Number _____ Expiration Date _____

Billing Address _____ City _____ State _____ Zip _____

Cardholder's Signature _____ Date _____

please complete opposite side

Research and Data Collection

Male Female Race and/or Ethnicity (optional): _____

Indicate all NSRF Seminar Experiences you have attended. Use a separate sheet if necessary.

Name of Seminar	Dates (mm/dd/yyyy)	City and State	Facilitators
CFG New Coaches Seminar	___/___/___ - ___/___/___ <input type="checkbox"/> 5 day <input type="checkbox"/> 6 day <input type="checkbox"/> embedded		
CFG Experienced Coaches Seminar	___/___/___ - ___/___/___ <input type="checkbox"/> 5 day <input type="checkbox"/> 6 day <input type="checkbox"/> embedded		
Facilitative Leadership	___/___/___ - ___/___/___		
Looking at Student Work	___/___/___ - ___/___/___		
Collaborative Inquiry	___/___/___ - ___/___/___		
Coaching for Educational Equity	___/___/___ - ___/___/___		
School Culture	___/___/___ - ___/___/___		
Other (specify)	___/___/___ - ___/___/___		

Are you currently in a Critical Friends Group (CFG)? Yes No

If so, in what capacity? Member Coach Other:

How long has that CFG been meeting? 1-2 years 3-5 years 6+ years

How often does that CFG meet? more than once a month once a month
 sporadically infrequently or no longer meeting

What was that CFG's biggest achievement of the past year? It's biggest challenge? _____

What roles do the members of your CFG have (teacher, principal, etc.)?

Teachers Administrators Mixed

Are you affiliated with a Center of Activity? If so, which one? _____

Please mail this completed form to: NSRF Membership, 909 East Second Street, Bloomington, Indiana 47401