

FACULTY GROUP REGISTRATION: NYSNA LOBBY DAY 2012

Coordinator to fill out electronically and email to LobbyDay@nysna.org

NAME		CREDENTIALS	
HOME ADDRESS		NYSNA MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO -- If yes, NYSNA ID #:	
CITY/STATE/ZIP		EMAIL	
HOME #	CELL #	WORK #	

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HOME ADDRESS		NYSNA MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO -- If yes, NYSNA ID #:	
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