



# Membership Registration Form

(Please send one form per person)

To become a member of the Northeast Indiana Science, Technology, Engineering, and Math Education Resource Center preK-12 Grade Rewards Program, please fill out the following form and include a \$3.<sup>00</sup> check or money order made out to NISTEM Membership and send it the ScreenCheck North America address provided. **\*\*ALL FIELDS ARE REQUIRED**

**\*\*Please check the appropriate boxes:**

Teacher:     Pre-K     Elem.     M.S.     H.S.

Child or Student:     Pre-K     Elem.     M.S.     H.S.

ScreenCheck North America  
Attn: NISTEM Membership  
4650 Executive Boulevard  
Fort Wayne, IN 46808

**\*\*First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **\*\*Last Name:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_

**\*\*Address:** \_\_\_\_\_ **P.O. Box or Apt. #:** \_\_\_\_\_

**\*\*City:** \_\_\_\_\_ **\*\*State:** \_\_\_\_\_

**\*\*Zip Code:** \_\_\_\_\_ - \_\_\_\_\_ **\*\*Member Email:** \_\_\_\_\_

**\*\*Parent/Guardian Email:** \_\_\_\_\_ **Student Grade Level:** \_\_\_\_\_

**Child/Student Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Teacher/Student School:** \_\_\_\_\_

**\*\*\*Teacher's License Number:** \_\_\_\_\_ **\*\*\*State of Licensure:** \_\_\_\_\_

**Privacy Statement**

NISTEM respects your privacy. Information provided on this form is kept for the explicit purposes of use with the NISTEM Rewards Program and will not be sold, leased, or provided to others.

**Participant's General Release**

By signing this form, in consideration of either a teacher's participation or a parent/guardian of his/her child's participation in the Northeast Indiana Science, Technology, Engineering, and Math Education Resource Center's Rewards Program ("Rewards Program"), including any related events, prizes or rewards scheduled or awarded in connection with the Rewards Program, the undersigned hereby releases the Northeast Indiana Science, Technology, Engineering, and Math Education Resource Center ("NISTEM"), and any related or affiliated partners and their respective officers, directors, agents and employees (the "Releasees") of and from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the undersigned or his/her child, or any property of the undersigned and/or his/her child, arising from or in connection with participation in the Rewards Program or any NISTEM event. This release shall be binding upon the heirs, next of kin, personal representatives, executors and administrators of the undersigned. In signing the foregoing General Release the undersigned acknowledges that he/she is at least 18 years of age, that he/she has read the foregoing release and fully understands it.

**Teacher/Parent/Guardian:** \_\_\_\_\_  
*(Printed name)* *(Signature)* *(Date)*

**\*\*\* To be eligible for the Teacher's Rewards program, all preK-12 grade teachers must hold an active state teacher's license.**

Please allow 14 days for your Membership Card and NISTEM username and password to be mailed to your home. Membership allows you to participate in the NISTEM Rewards program found at: [www.NISTEM.org](http://www.NISTEM.org)

**For Office Use Only: Username:** \_\_\_\_\_ **Password:** \_\_\_\_\_