



RAFT Membership Coordinator:

This student, _____ (student's name), has been authorized to participate in the RAFT student teacher membership program under the following guidelines.

My student is :

A student teacher instructing children in a classroom as an unpaid intern and pursuing a teaching credential or certificate. They are not gainfully employed as an educator in any other way including, but not limited to, after school care, day care, Sunday school or scouts. If these criteria are met, they are eligible for a one-year, one time only student membership at the \$15 rate.

All student members will agree to complete a RAFT membership application with the school at which they are interning listed as their member organization, show proof of student status and adhere to the RAFT guidelines and restrictions.

Teacher/Professor Signature

Institution/School

Email Address

Phone Number

Date