



NJPSA ID#

CHANGE OF DISTRICT OR POSITION FORM		
First Name	M.I.	Last Name
Previous School District		
Previous Position		
NEW DISTRICT OR POSITION INFORMATION EFFECTIVE DATE: _____ / _____ / _____		
New School Name		
School Address		
City	State	Zip
New Position/Title		
New Grade Level: <input type="checkbox"/> Pre-K <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> Secondary (Check all that apply)		
New School District	County	
School Telephone	Ext.	FAX
PREFERRED E-MAIL	THIS EMAIL ADDRESS WILL BECOME YOUR NJPSA.ORG WEBSITE LOGIN	
Home Address		
City	State	Zip
Home Telephone	SEND MY MAIL TO <input type="checkbox"/> HOME <input type="checkbox"/> SCHOOL	
Signature	Date	

Please e-mail or fax completed change form(s) to:

NJPSA

12 Centre Drive, Monroe Township, NJ 08831-1564

Phone: 609-860-1200

Fax: 609-860-2999

E-Mail: Membership@njpsa.org