



Organization Approval Form

Thank you for your interest in joining the Educators Rising New Mexico organization. We look forward to working with you in our Grow Your Own (GYO) statewide initiative.

Please complete this form to start your school's new chapter.

Teacher Leader:

Email Address:

School/Organization:

My principal and district have approved the following: (select all that apply)

☐ Class ☐ Extracurricular program ☐ Bilingual *National membership fees \$15/student.

Will begin a chapter ☐ Fall ☐ Spring for the academic year 2025 - 2026.

Our chapter will be supported by the following grants:

Perkins NexGen ESSR Other:

None at this time *We would like more information on grant funding opportunities.*

By participating in the organization, I understand that I may be required to attend the following to keep my chapter active.

- Curriculum Training
- Professional Learning Workshops
- Regional or State Conferences

I understand that Educators Rising is externally funded by the NMPED and other agencies. By sponsoring a chapter at , I agree to the following: to abide by all state and national guidelines and bylaws, register with the state and national office in a timely manner, attend required professional learning workshops (including curriculum training) as needed to support my chapter, to inform the state office of any changes at the school which may affect my school chapter, pay state/national dues or fees in a timely manner and provide any other documentation required by the state or NMPED office. I understand that state curriculum materials have been provided to me and may not be shared unless approved by the Educators Rising NM state office. I also acknowledge that a no-show or delays in canceling my registration to workshops may result in the reimbursement of fees to be paid by the school. I further acknowledge that my chapter may be suspended if this process is not followed.



Teacher Leader Signature: _____ Date: _____

Teacher Leader Email: _____

Principal's Name: _____

Principal's Email: _____

Principal Signature: _____ Date: _____

☐ Approved ☐ Denied

If denied, provide an explanation:

Educators Rising New Mexico chapter are most successful when they have the support of district leadership. By signing below, I acknowledge my support for the chapter.

(Optional)

CTE Director/Superintendent signature: _____ Date: _____

☐ Approved ☐ Denied

If denied, provide an explanation:

Return this completed request form to Educators Rising New Mexico. Confirmation of your acceptance to summer workshops will be emailed to you within 3-5 business days. For additional questions, please contact Christine Reyes at (575) 646-1555 or email info@edrisingnm.org.