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: _____

School/Organization: _____

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

[ ] Class [ ] Club [ ] Bilingual **National membership fees $10/student.*

To start a chapter in [ ] Fall [ ] Spring for the _____ academic year

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_____

Principal Signature: _____ Date_____

Principal: _____ Email: _____

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 Crystal Chavez at (575)646-1595 or email **edrisingnm@nmsu.edu**