**Bellmore-Merrick United Secondary Teachers**

1260 Meadowbrook Road

N. Merrick, NY 11566

(516)992-1068

*Mark Steinberg, President*

To; All Members

From: Meg Hirsch, BMUST Secretary

Subject: Profile Sheet for BMUST Files

Please fill in (print) all information so that I may update the BMUST office files.

Return this form to me at the BMUST office through interoffice mail, as soon as possible.

SCHOOL YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME TELEPHONE #: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE #: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: MONTH: \_\_\_\_\_\_\_\_ DAY: \_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_

PERSONAL E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUBJECT AREA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL(S) YOU WORK AT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, PERIODS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, PERIODS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, PERIODS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st DAY OF WORK: MONTH: \_\_\_\_ DAY: \_\_\_\_Year: \_\_\_\_

CHECK IF **NEW** MEMBER: \_\_\_\_\_ FULL TIME: \_\_\_\_ PART TIME: \_\_\_\_

CHECK IF LEAVE REPLACEMENT: \_\_\_\_\_ TEMPORARY: \_\_\_\_\_ or FULL TIME: \_\_\_\_\_

CHECK IF SUB: \_\_\_\_\_ or PERMANENT SUB: \_\_\_\_

CHECK IF PARA: \_\_\_\_\_ FULL TIME: \_\_\_\_ PART TIME: \_\_\_\_