



**Substitute Membership Form for Retired Members**

**NAME:** \_\_\_\_\_

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

\_\_\_\_\_

**PERSONAL EMAIL:** \_\_\_\_\_

\_\_\_\_\_ I wish to add a substitute teacher membership to my retired membership for the 2025-26 school year.

**SIGNATURE:** \_\_\_\_\_

Please send this completed form and a check for \$15 made out to ISEA to:

ISEA Membership Department  
777 Third St.  
Des Moines, IA 50309