

A+PEL MEMBERSHIP APPLICATION

Membership Application

Applicant Information

First Name	Middle Name	Last Name
Mailing Address		
City State ZIP		
Home Phone		
Cell Phone		
Personal E-mail		
School E-mail		
Employee ID/School ID Number		
Position		
District of Employment		
School Site		
Subject Taught		
Recruited By		

Membership Categories & Dues

Please select one.

- ___ Professional.....\$ 175.00 annually
Bank draft option \$ 29.16 x 6 months
- ___ Practitioner Professional.....\$ 100.00
Bank draft option \$ 25.00 x 4 months
- ___ Associate.....\$ 55.00 annually
Bank draft option \$ 27.50 x 2 months
- ___ University Student/Pre-Service.....\$ 20.00 annually
- ___ Retired.....\$ 15.00 annually
- ___ Retired (Lifetime).....\$ 150.00 one time
- ___ Public/Civic\$ 25.00 annually



A+PEL is partnered with the Association of American Educators, the largest non-union professional teacher association in the U.S., offering educators the alternative of joining a professional association rather than a union. Become an associate member of AAE for \$25.

Visit: www.aateachers.org.

Or join online!

www.apeleducators.org

Payment Options

Please select one.

___ One time annual payment with check or money order payable to A+PEL

___ Credit Card (Visa, MC, Amex)

Card Number

Expiration Date

___ Monthly Automatic Bank Draft

(Available for Professional, Practitioner Professional and Associate classifications.) I authorize A+PEL to initiate debit entries drawn on my bank account on the 3rd of each month. This authority is to remain in effect until A+PEL has received written notification from me of its termination in such time and manner as to afford A+PEL a reasonable opportunity to act on it. **Voided check must be attached to application.**

___ Payroll Deduction

(Available for Professional and Associate classifications.) Payroll deduction schedule and terms vary by district. For additional information and parish registration deadlines, visit www.apeleducators.org. I authorize my employer, the

Parish School Board

to deduct from my salary and transmit to A+PEL dues annually certified by A+PEL. I hereby waive all rights and claims to said monies so deducted and transmitted in accordance with this authorization and relieve the school board and all its officers from any liability thereof. This authority shall remain in effect until revoked by me in writing upon thirty (30) days written notice to the school board and to A+PEL.

Signature (required)

Date

Mail completed application to:

A+PEL
7907 Wrenwood Blvd., Suite B
Baton Rouge, LA 70809