



ASSOCIATION OF AMERICAN EDUCATORS MEMBERSHIP APPLICATION

Please print, complete, and mail or fax application to:

ASSOCIATION OF AMERICAN EDUCATORS
27405 Puerta Real, Suite 230, Mission Viejo, CA 92691-6388
FAX: 866-595-7970

To sign up over the phone with credit card, please call 800-704-7799.

- NEW** **RENEWAL**

TYPE OF MEMBERSHIP

- PROFESSIONAL - \$180** (includes \$2 million professional liability insurance)
 STUDENT - \$25 (includes \$2 million professional liability insurance for student teaching)
 RETIRED EDUCATOR - \$25 (newsletter only)
 ASSOCIATE/SUPPORT - \$25 (newsletter only)

METHOD OF PAYMENT

- CHECK:** Make check payable to **AAE**
 CREDIT CARD: MC VISA Discover AE

Credit Card #: _____

Signature: _____ Expires: _____

- MONTHLY AUTOMATIC BANK DEBIT or CREDIT CARD PAYMENT OPTIONS:** (SEE PAGE 2) Fill out authorization form to pay dues in monthly payments deducted automatically from bank account or credit card. **Must be signed and submitted by mail with application.**

Name _____

Address _____

City _____ St _____ Zip _____

Home Phone _____ Work Phone _____

Email _____ (AAE use only)

School Name _____ Position _____

District _____ State _____ (if different than state of residence)

Subjects _____ Grades _____

SS Number _____ Birthdate _____
(optional)

Referred By _____

Association of American Educators (AAE)

27405 Puerta Real, Suite 230
Mission Viejo, CA 92691
(800) 704-7799 Fax: (866) 595-7970

Authorization Agreement for Recurring Payments

— OPTION 1 —

Mail this form with AAE Application or Renewal Form and a check for first payment of \$15.00*

Checking/Savings account – monthly debits of \$15.00 [total of \$180 annually] for membership dues in the Association of American Educators will be deducted from your bank account and will appear on your bank statement on or about the 1st or 15th of the month.

1st of the month 15th of the month

Checking Savings

Name of Bank or Financial Institution: _____

Bank Routing No.: _____ Account No.: _____

*** For automatic bank debits, a check for the first payment of \$15 must be mailed with this form**

► Read and sign below – keep a copy for your records:

Monthly Checking/Savings Account/Credit Card Deduction Authorization – As a convenience to me, I request and authorize the ASSOCIATION OF AMERICAN EDUCATORS (AAE) to initiate debit entries drawn on my account and payable to the AAE. I agree that each debit shall be the same as if it were a check drawn on my account and signed personally by me. I authorize AAE to initiate debits from my account with the financial institution indicated for payment of my AAE dues. I further agree that if any such debit(s) should be returned NSF (Non Sufficient Funds), I authorize the AAE to collect such debit(s) by electronic debit and subsequently collect a returned debit NSF fee of \$5.00 per item by electronic debit from my account identified above. This authority is to remain in full force and effect until the AAE has received written notification from me of its termination in such time and in such manner as to afford the AAE a reasonable opportunity to act on it.

Print Name _____

Signature _____ Date _____

Email _____ Phone _____
(for AAE use only)

— OPTION 2 —

Mail this form along with AAE Application or Renewal Form and credit card information

Credit Card - monthly payments of \$15.00 [total of \$180 annually] for membership dues in the Association of American Educators will be charged to your credit card and will appear on your credit card statement on or about the 1st or 15th of the month.

1st of the month 15th of the month

Master Card Visa Am Ex Discover

Credit Card # _____ Expiration Date _____

Print Cardholder Name _____

Signature _____