



Professional Association of Colorado Educators
An affiliate of the Association of American Educators (AAE)

MEMBERSHIP APPLICATION

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

PROFESSIONAL ASSOCIATION OF COLORADO EDUCATORS (PACE)
9800 Mount Pyramid Court, Suite 400
Englewood, CO 80112
FAX: 866-595-7970 (toll-free)

- 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

- FULL PAYMENT BY CHECK: Make check payable to PACE-AAE
FULL PAYMENT BY CREDIT/DEBIT CARD: MC VISA Discover AE

Credit/Debit Card #

Signature: Expiration Date:

- MONTHLY AUTOMATIC BANK ACCOUNT DEBITS: (SEE PAGE 2) Must be mailed with check for first payment
MONTHLY CREDIT/DEBIT CARD PAYMENTS: (SEE PAGE 2) May be mailed or faxed (866-595-7970 toll free)

FILL IN BELOW

Name

Address

City St Zip

Home Phone Work Phone

Email (PACE use only)

School Name Position

District State (if different than state of residence)

Subjects Grades

Birthdate Referred By

Fill out next page if you want to pay in monthly payments

Professional Association of Colorado Educators (PACE)

9800 Mount Pyramid Court, Suite 400
Englewood, CO 80112
877-640-7223 720-895-1980 Fax: 720-895-1999

Authorization Agreement for Recurring Payments

OPTION 1 — Checking/Savings Account Monthly Payments

Mail this form with PACE 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 Professional Association of Colorado Educators (PACE) 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 draft payments, a check for first payment of \$15 must be mailed with this form**

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

Monthly Checking/Savings Account Debit 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 AAE/PACE for membership in PACE. 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/PACE to initiate debits from my account with the financial institution indicated for payment of my PACE dues. I further agree that if any such debit(s) should be returned NSF (Non Sufficient Funds), I authorize AAE/PACE 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 AAE/PACE has received written notification from me of its termination in such time and in such manner as to afford AAE/PACE a reasonable opportunity to act on it.

Print Name _____

Signature _____ Date _____

Email _____ Phone _____
(PACE use only)

OPTION 2 — Credit/Debit Card Monthly Payments

Mail or fax (866-595-7970) with PACE Application or Renewal and Credit/Debit Card information

Credit/Debit Card - monthly payments of \$15.00 [total of \$180 annually] for membership dues in the Professional Association of Colorado Educators (PACE) will be charged to your credit/debit card.

Master Card Visa Am Ex Discover

Credit/Debit Card # _____ Expiration Date _____

Print Name _____

Signature _____ Date _____

Email _____ Phone _____
(PACE use only)