Association of American Educators (AAE) Membership Application

☐ Professional Member (includes \$2 million professional educator liability insurance policy)

Select Membership Plan (select one)



american educators	select paymen		hly payments of \$19.50 (automatic renewal) payment \$234
All fields are required unless noted.	□ Student Me		(includes \$2 million student teacher liability insurance policy)
Enter Contact Information □ New Member □ Renewal		Member \$25/year ember \$25/year (
First Name	M.I	Last Name	
Mailing Address			Apt/Suite
City	State	Zip	/Birth date//
Preferred Phone Number			select type: □ home □ cell
Alternate Phone Number (optional)			select type: □ home □ cell □ work
Preferred Email			select type: personal school
Alternate Email (optional)			select type: personal school
For Professional Members only: School Name		select sch	ool type: □ public traditional □ public charter □ virtual □ private/parochial □ college/university □ other
School District	School (County	School State
Position	Grade(s)	Sub	pject(s)
For Student Members only: College of Education			Expected Graduation Date/
How would you prefer to receive your me (select one)			rrs? , by email sent to preferred email
<u> </u>	_	bers Marketing/Pulership Legislative	ublic Relations Professional Learning Ideas Advocacy
Who referred you to our organization?			
Select Method of Payment			
\Box CREDIT CARD select card type: \Box	Visa Maste	rCard Americ	an Express Discover
Expiration Date/ Signature			/
□ СНЕСК			

Annual payment: make check payable to AAE for full membership dues (\$234 or \$25) and submit with this application

Submit Completed Application

- check or credit card payments: mail completed application to AAE, 25909 Pala, Suite 330, Mission Viejo, CA 92691 credit card payments only: fax completed application to 949-595-7970
- credit card payments only: scan completed application and email to memberservices@aaeteachers.org
- credit card payments only: submit an online application at joinaae.org