



Association of American Educators (AAE)

Membership Application

Please print clearly.

All fields are required unless noted.

Enter Contact Information

☐ New Member ☐ Renewal

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 school type: ☐ public traditional ☐ public charter ☐ virtual
☐ private/parochial ☐ college/university ☐ other

School District _____ School County _____ School State _____

Position _____ Grade(s) _____ Subject(s) _____

For Student Members only:

College of Education _____ Expected Graduation Date ____/____/____

How would you prefer to receive your member newsletter, *Education Matters*?

(select one)

☐ Printed copy, by mail ☐ Digital copy, by email sent to preferred email

Interested in getting more involved?

(optional, select all that apply)

☐ Recruiting Members ☐ Marketing/Public Relations ☐ Professional Learning Ideas
☐ Association Leadership ☐ Legislative Advocacy

Who referred you to our organization? _____

Select Method of Payment

☐ **CREDIT CARD** select card type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Name on Card _____ Card Number _____

Expiration Date ____/____/____ Signature _____ Date ____/____/____

☐ **CHECK** select payment type and follow instructions

Annual payment: make check payable to **AAE** for full membership dues (\$198 or \$25) and submit with this application

Monthly payments: (Professional members only) make check payable to **AAE** for **first payment of \$16.50**, submit with this application, and sign below

Signature _____ Date ____/____/____

I authorize AAE to initiate debit entries drawn on my account and payable to AAE. I agree that if any such debit(s) should be returned NSF (Non Sufficient Funds), I authorize AAE to collect such debit(s) by electronic debit and collect a NSF fee of \$5.00 per item from my account. This authority is to remain in full force until AAE has received written notification from me of its termination in such time as to afford AAE time to act on it.

Submit Completed Application

- *check or credit card payments:* mail completed application to AAE, 25909 Pala Place, 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 aaeteachers.org/join

25909 Pala Place, Suite 330 | Mission Viejo, CA 92691 | 1-800-704-7799 | fax 949-595-7970 | aaeteachers.org