



Associated Professional Educators of Louisiana Membership Application

Applicant Information

 First Name Middle/Maiden Name Last Name

 Mailing Address

 City State Zip Code

 Home Phone

 Cell Phone

 Preferred E-mail

 Alternate E-mail

 Employee ID/School ID Number

 District of Employment

 School Site (name of school)

 Position / Job

 Subject Taught if Position is Teacher

 Recruited By (new members only)

For University Student/Pre-Service Members:

 Name of University/College Attending

Classification: Freshman Sophomore Junior Senior

Annual Membership Levels & Dues - *Select one*

- Professional \$ 199 *
- Associate \$ 79 *
- University Student/Pre-Service \$ 20
- Retired \$ 15
- Retired Lifetime \$ 150 (one time)
- Public/Civic \$ 25

* Recruitment reimbursement checks will be mailed quarterly.

Join Online at www.apeleeducators.org

Or

Mail completed application to:
A+PEL
 7907 Wrenwood Blvd, Suite B
 Baton Rouge, LA 70809

Payment Options – Select (1) one

Monthly Bank Draft (Auto-renews)

(Available for Professional and Associate Level Members only)

I authorize A+PEL to deduct from my bank account and transmit to A+PEL dues annually certified by A+PEL. Dues installments will be deducted monthly between the 1st and the 7th day of the month. I hereby waive all rights and claims to said monies so transmitted in accordance with this authorization and relieve A+PEL from any liability thereof. This payment method automatically renews. This authority shall remain in effect until revoked by me in writing upon thirty (30) day written notice to A+PEL. In no event shall A+PEL be liable for direct, incidental, special, or consequential damages arising out of or in connection with the use of information contained in this deduction authorization.

 Signature (required) ****Must attach voided check**** _____
 Date

Payroll Deduction in eligible parishes (Auto-renews)

(Available for Professional and Associate Level Members only)

Payroll deduction schedule and terms **vary by district** and are available on our website, under the forms tab.

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 (30) day written notice to the school board and to A+PEL.

 Signature (required) _____
 Date

 Social Security Number (required for Payroll Deduction)

Monthly Credit or Debit Card (Auto-renews)

(Available for Professional and Associate Level Members only)

\$ 16.59 for Professional \$ 6.59 for Associate

Card Type: Visa MasterCard Discover

Card Number: _____

Expiration Date: _____ (mm/yyyy)

I authorize A+PEL to deduct monthly credit/debit card charges for my membership dues. This authority shall remain in effect until revoked by me in writing upon (30) day written notice to A+PEL.

 Signature (required) _____
 Date

One-time full payment by Credit or Debit Card

Card Type: Visa MasterCard Discover

Card Number: _____

Expiration Date: _____ (mm/yyyy)

 Signature (required) _____
 Date

One-time full payment by Check, payable to A+PEL

Check # _____