

Phone: (615) 778-0803  
Toll Free: 1-800-471-4867



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RENEWAL

NEW MEMBER (1/2 Off for Professional Members)

Name: \_\_\_\_\_ License # (if known) \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

School District: \_\_\_\_\_ Grade/Position: \_\_\_\_\_

School/Office: \_\_\_\_\_

**Please check one:**

- |  |             |  |         |
|--|-------------|--|---------|
| <input type="checkbox"/> Professional Member   | \$189.00    | <input type="checkbox"/> Leader U Learning Portal only | \$79.00 |
| __ Monthly Payments*:                          | \$16.00/mo. | <input type="checkbox"/> Associate                     | \$25.00 |
| <input type="checkbox"/> School Support Member | \$100.00    | <input type="checkbox"/> Student Member                | \$25.00 |
| __ Monthly Payments*:                          | \$9.00/mo.  | Graduation: Year _____ Semester _____                  |         |

\* I acknowledge that by opting to pay annual dues via monthly payments I am committed to making payments for 12 months. Automatic renewal will occur annually unless I notify Professional Educators of Tennessee. **POST-DATED CHECKS NOT ACCEPTED.**

Credit/Debit Card # \_\_\_\_\_ Exp \_\_\_\_\_

**Please Mail Completed Form and Payment to:  
Professional Educators of Tennessee • 5100 Linbar Drive • Suite 101 • Nashville, TN 37013**

***Thank You!***