



Associated Professional Educators of Louisiana Membership Application

Applicant Information

First Name Middle/Maiden Name Last Name

Membership Level:

- Professional \$16.59/month (teachers, admin)
- Associate \$ 6.59/month (paras, support staff)

District of Employment

School Site (name of school)

Preferred E-mail

Mailing Street Address

City State Zip Code

Primary Phone

Alternate Phone

Alternate E-mail

Employee ID/School ID Number

Recruited By (new members only) *

* Recruitment reimbursement checks are mailed quarterly.

Other Membership Levels:

Full Time University Student/Pre-Service \$ 20

University Name _____

Retired \$ 15

Retired Lifetime \$ 150 (one time)

Public/Civic \$ 25

Join Online at www.apeleducators.org

Or

Mail completed application to:

A+PEL

7907 Wrenwood Blvd, Suite B

Baton Rouge, LA 70809

Fax: 225-766-5053

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 (\$199 for Professionals or \$79 for Associates)

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 # _____