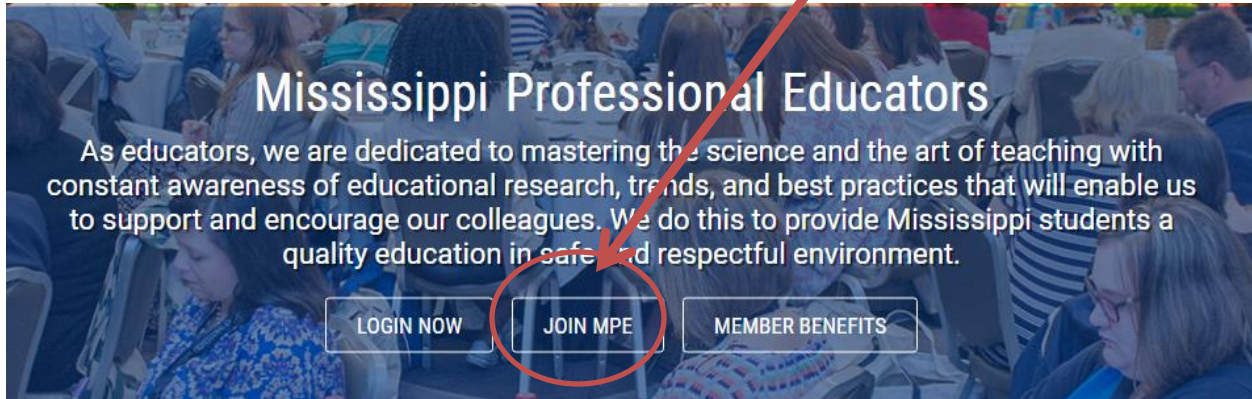


New Member Registration Information

Go to www.mpe.org

You may join MPE by scrolling down the home page and locating the banner.

Click on the Join **MPE** button located on the home page banner.



Select Your Member Type

Please select your Member Type. Once your Member Type is selected, you will be prompted to select your payment option.

PROFESSIONAL - [Join Now](#)
COUPLES - [Join Now](#)
NON-CERTIFIED or PART-TIME - [JOIN NOW](#)
STUDENT - [Join Now](#)
LIFETIME RETIREE - [Join Now](#)
RETIREE - [Join Now](#)

Select your **Member Type**. Click on the **Join Now** link next to the member type chosen.

Get Connected!

Please create a username for your account and enter your first name and last name. Once you are registered, you can enjoy all of the member-only areas of the site.

Note: All fields are required. Please ensure your username contains only letters and/or numbers with no special characters or spaces. You may also enter a valid email address. Example: 'smith123' or 'smith123@yourdomain.com'

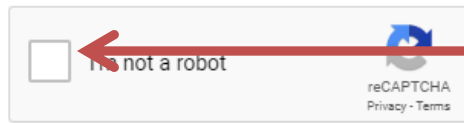
Register using your social profile



OR

Registration Information

Username ← Create and enter a **Username**
First Name ← Enter your **First Name**
Last Name ← Enter your **Last Name**



Click in the box and follow the directions on the next page.



Click in the box and follow the directions on the next page.

Select the Membership Type and payment method.

Membership Selection

Professional-Pay Annually – \$120.00

Annual membership paid in a lump sum expiring one year from join/renewal date. Payment is due in full upon renewing/joining.

Professional-Pay Monthly – \$10.50

Monthly payments of \$10.50. Membership renews month-to-month.

Select the **membership type** then select the **payment method** that best fits you.

CONTINUE WITH THE SELECTED MEMBERSHIP »

« START OVER

Click the **Continue with the Selected Membership** button.

Membership Selection

Couples-Pay Annually (Per Spouse) – \$100.00

Annual membership of \$100 per spouse. Paid in a lump sum expiring one year from join/renewal date. Payment is due in full upon renewing/joining.

Couples-Pay Monthly (Per Spouse) – \$8.50

Monthly payments of \$8.50 per spouse. Membership renews month-to-month.

CONTINUE WITH THE SELECTED MEMBERSHIP »

« START OVER

Membership Selection

Non-Certified or Part-time-Pay Annually – \$60.00

Annual membership paid in a lump sum expiring one year from join/renewal date. Payment is due in full upon renewing/joining.

Non-Certified or Part-time-Pay Monthly – \$5.25

Monthly payments of \$5.25. Membership renews month-to-month.

CONTINUE WITH THE SELECTED MEMBERSHIP »

« START OVER

Membership Selection

Student – \$14.00

Annual membership paid in a lump sum expiring one year from join/renewal date. Payment is due in full upon renewing/joining.

ACCEPT THIS MEMBERSHIP AND CONTINUE »

« START OVER

Membership Selection

Lifetime Retiree – \$70.00

*One-time payment. Membership does not expire. Retired membership **DOES NOT INCLUDE** Professional Liability Insurance.*

ACCEPT THIS MEMBERSHIP AND CONTINUE »

« START OVER

Membership Selection

Retired – \$10.00

*Annual membership paid in a lump sum expiring one year from join/renewal date. Payment is due in full upon renewing/joining. Retired membership **DOES NOT INCLUDE** Professional Liability Insurance.*

ACCEPT THIS MEMBERSHIP AND CONTINUE »

« START OVER

Step 2 - Member Information

* Required Fields

Your password must be a minimum of eight (8) characters in length and contain at least one number and one non-numeric character (letters, punctuation, etc.)

Account Information

Username * JohnnyKWalker

Password *

Confirm Password *

E-Mail Address * johnnykwalker@yahoo.com

Confirm E-Mail * johnnykwalker@yahoo.com

Complete the **Member Information** Form



Personal Information

Title * (Mr./Ms./Dr.)

Full Name * JohnnyK Walker

Suffix (Sr, Jr, II, III)

Your Birthday 5/18/1997 (12/31/1999)

Address * 1908 Elm Street

Address Cont.

City/Town * Southaven

Country* United States ▼

State* Mississippi ▼

Postal Code * 39112

Phone

Click **Submit** when you have completed the form.

Membership Dues

If you are signing up for the first time, this is the last step of your registration.

Membership Information

Professional-Pay Annually – \$120.00

Annual membership paid in a lump sum expiring one year from join/renewal date. Payment is due in full upon renewing/joining.

Member Information

Title	Mr.
First Name	JohnnyK
Last Name	Walker
Email Address	johnnywalker@yahoo.com
Organization	
Address	1908 Elm Street
City/Town	Southaven
Country	United States
State	Mississippi
Postal Code	39112
Phone	

Click here to make your billing address the same as your member address.

Check here if the billing address is the same as the member address

Scroll down to locate your billing information.

Billing Information	
Organization	<input type="text"/>
Address*	<input type="text" value="1908 Elm Street"/>
Address Cont.	<input type="text"/>
City/Town*	<input type="text" value="Southaven"/>
Country*	<input type="text" value="United States"/>
State*	<input type="text" value="Mississippi"/>
Postal Code	<input type="text" value="39112"/>
Phone*	<input type="text"/>
PO Number	<input type="text"/>

Make sure you enter your phone number here.

Click **Submit** when you have completed the form.

<input type="button" value="SUBMIT"/>	<input type="button" value="CANCEL"/>
---------------------------------------	---------------------------------------

Continue scrolling down to find your Payment Information

Payment Information

Payment Amount \$120.00

Payment Type* ACH/E-Check (US banks only)
 Credit Card

Name on Card* JohnnyK Walker

Card Type*

Card Number*

Card CVV Num* [What is this?](#)

Exp. Month/Year* (MM/YYYY)

SUBMIT SECURELY

Choose the payment method **ACH/E-Check** (bank draft) or credit/debit card that fits your payment needs.



Payment Instructions with Credit Card Option

Payment Information

Payment Amount \$120.00

Payment Type* ACH/E-Check (US banks only)
 Credit Card

Name on Card* JohnnyK Walker

Card Type*

Card Number*

Card CVV Num* [What is this?](#)

Exp. Month/Year* (MM/YYYY)

SUBMIT SECURELY

Click on the **Credit Card** button



Select the card type by clicking the down arrow key. Next, select your credit card type: American Express, Discover, Visa or Master Card.

Enter card number here, no spaces

Click on the Credit Card button

Click on the Credit Card button

Click on the **Submit Securely** button to process the information.

Payment with ACH/E-Check Instructions

Payment Information

Payment Amount \$120.00

Payment Type* ACH/E-Check (US banks only) Credit Card

Name on Account* JohnnyK Walker

Account Type* Personal Checking

Account Number* (confirm)

Bank Code* (Routing Number)

SUBMIT SECURELY

Click on the ACH/E-Check button.

Select the bank account by clicking the down arrow key. Next, select personal checking or savings account.

Enter the account number and routing number here.

Click the Submit Securely button to process the information.

SSL SECURED
THIS SITE SECURED BY SSL ENCRYPTION

PROFESSIONAL EDUCATORS DISCOVER MASTERCARD VISA

SAMPLE
01234543210123454321
Routing Number Account Number

After submitting your payment, you will see the following information.

mpe.site-ym.com says

You are about to submit a Credit Card transaction in the amount of \$120.00. Are you sure you want to continue?

Click the OK button.

OK Cancel

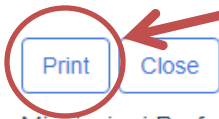
You will see the screen below with a link to view your invoice/receipt.

Thank You for Registering

[View Invoice/Receipt](#)

Click the View **Invoice/Receipt** link to view and print your receipt.

Thank you for registering as a member. Please take some time to explore all this site has to offer. We welcome feedback and trust you will enjoy this community experience.



Click the Print button to produce a hard copy of your **Invoice/Receipt**.

Invoice

Mississippi Professional Educators

P.O. Box 22550

Jackson, MS 39225-2550

Date	Invoice #
9/24/2018	300000149

Bill To
JohnnyK Walker 1907 Elm Street Southaven, MS 39112 United States

Member Information
Dr. JohnnyK Walker 1907 Elm Street Southaven, MS 39112 United States

PO	Terms	Due Date
	Due on receipt	9/24/2018

Date	Description	Amount
9/24/2018	Professional-Pay Annually	\$120.00
	Total	\$120.00

Payments/Refunds

Date	Description	Amount
9/24/2018	Payment via Credit Card (using card xxxxxxxxxxxx1078) <i>Applied to invoice on 9/24/2018 11:18:56 AM</i>	(\$120.00)
	Total Payments/Refunds	(\$120.00)
	Balance Due	\$0.00