

Application for Membership in  
KENTUCKY ASSOCIATION of PROFESSIONAL EDUCATORS  
269 Regency Circle, Suite 2; Lexington, KY 40503  
Phone: 888-438-7179 Fax: 859-368-9726  
Email: [info@kentuckyteachers.org](mailto:info@kentuckyteachers.org) Website: [www.kentuckyteachers.org](http://www.kentuckyteachers.org)

Date: \_\_\_\_\_ Renewal: \_\_\_\_\_ New: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_  
School: \_\_\_\_\_ County: \_\_\_\_\_  
Position: \_\_\_\_\_ Subject: \_\_\_\_\_  
Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Recommended By: \_\_\_\_\_

Individual....\$195.00                       Married Couples ....\$335.00

**Ways to Pay:**

**Automatic Payroll Deduction (Where Available)**

I give permission for Automatic Payroll Deduction: \_\_\_\_\_  
*Signature*

---

**Checks:** Payable to KAPE

---

**Credit Cards:** Membership + \$7 processing fee (bank charge)

MasterCard     Visa     Discover     American Express

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

*I am in agreement that my credit card can be used for payment of my membership dues in KAPE. After 5 business days, No refund will be considered.*

---

**Automatic Bank Withdrawal:** Membership + \$5 processing fee (bank charge)

For Auto Bank Withdrawal, please submit this form along with an auto bank withdrawal form and a voided check. Membership cannot start until all three documents are submitted.

---

**Interested in Association Activities:**

Legislative                       Membership Recruiting