



Application For Student Membership
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
www.kentuckyteachers.org

Date: _____ Application Type (Circle One): Renewal New

Name: _____

Male _____ Female _____

Personal Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Date of Birth: _____

College/University: _____

Current Year in College (Circle One): Freshman Sophomore Junior Senior

If Senior, indicate semester/year in which you will be completing student teaching:

Fall _____ Spring _____

Signature _____

New member coverage begins upon receipt in the office and approval. Once your application is reviewed and accepted, you are covered until your graduation date. Student Membership includes \$2 million liability insurance.