

# Kentucky Association of Professional Educators

Application for Membership

269 Regency Circle, Suite 2, Lexington, KY 40503

Phone: (859) 880-1987

Email: [info@kentuckyteachers.org](mailto:info@kentuckyteachers.org)

Website: [www.kentuckyteachers.org](http://www.kentuckyteachers.org)

**All membership is subject to approval.**

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

**Please check which type of membership you are applying for below:**

Individual: \$200.00

Married Couple: \$350.00

Associate: \$25.00

Are you a member of any organization or union such as: KEA, KEA-R, KTRA, KASA, KASS, etc.?  Yes  No

## **Payment Method:**

**Check:** Payable to KAPE

**Credit Card:** Membership + \$5 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.*

\_\_\_\_\_  
*Signature*

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

*For auto bank withdrawal, please submit this form along with an auto bank withdrawal form (ACH form) and a voided check. Membership cannot start until all three documents are submitted.*

**Automatic Payroll Deduction:** Where Available

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

\_\_\_\_\_  
*Signature*