

MAIL TO: ACOE P.O. Box 102035 Birmingham, Al 35210

Annual Dues \$189*

***Student teacher membership \$25.00**

***Includes liability insurance for certified educators, support staff, and student teachers.**

Not available for administrators.

Payroll deduction is available in participating systems, Visit www.ACOE.us for a complete listing. **Do not use this form if you prefer payroll deduction.** Payroll deduction forms are available in your central office.

Choose a method of payment:

1. ___ Bank Draft: This method is an automatic renewal. Your bank account will be debited \$15.75 per month over a twelve-month period for a total of \$189.00. A voided check **MUST** be mailed in with this form.

Bank Name _____

Account Number _____

Bank Location _____

Signature _____

2. ___ Personal check for \$189.00

3. ___ VISA ___ MasterCard

Card # _____ Exp. Date _____

Signature: _____

Name (First MI. Last) _____

Address _____

City, State, Zip _____, _____, _____

(For Insurance Purposes) Last four digits of your SS# is required _____

Membership Effective Date _____

Phone _____ Cell or other _____

Home E-mail _____

Work E-mail _____

School District _____

School Name (Full) _____

Main Subject Taught _____

Subject Level (Circle One) Elementary Middle High College Central Office System Wide

Support Staff Position _____

*Student Teacher (University) _____

I was referred by _____

I would like further information on how to become more involved with ACOE. YES NO

Please fill out completely. ACOE sends out an E-Newsletter and needs an updated e-mail address.