



northwest professional educators

## Membership Application

### Please choose a payment option

#### ☐ **OPTION ONE: Checking/Savings Account Monthly Debits for Membership Dues**

Monthly payments of \$16.50 for a total of \$198.00 will be deducted from your bank account and will appear on your bank statement on or about the 1st or 15th of each month.

Name of Bank or Financial Institution \_\_\_\_\_

☐ Checking    ☐ Savings    ☐ 1st of Month    ☐ 15th of Month

**Read and Sign:** Authorization Statement—As a convenience to me, I request and authorize the ASSOCIATION OF AMERICAN EDUCATORS (AAE) to initiate debit entries drawn on my account and payable to the AAE for membership dues in NORTHWEST PROFESSIONAL EDUCATORS. I agree that each debit shall be the same as if it were a check drawn on my account and signed personally by me. I authorize AAE to initiate debits from my account with the financial institution indicated for payment of my NWPE-AAE dues. I further agree that if any such debit(s) should be returned NSF (Non Sufficient Funds), I authorize AAE to collect such debit(s) by electronic debit and subsequently collect a returned debit NSF fee of \$5.00 per item by electronic debit from my account identified above. This authority is to remain in full force and effect until the AAE has received written notification from me of its termination in such time and in such manner as to afford the AAE a reasonable opportunity to act on it.

⇒ **FOR THIS PAYMENT OPTION, YOU MUST SEND A \$16.50 CHECK FOR FIRST MONTH'S PAYMENT.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### ☐ **OPTION TWO: Credit Card Monthly Debits For Membership Dues**

Monthly payments of \$16.50 for a total of \$198.00 will be charged to your credit card.

☐ Master Card    ☐ Visa    ☐ American Express    ☐ Discover

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Cardholder Name \_\_\_\_\_

#### ☐ **OPTION THREE: Lump Sum Payment For Membership Dues**

\$198.00 may be paid with credit card OR by check for \$198.

☐ Check    ☐ Master Card    ☐ Visa    ☐ American Express    ☐ Discover

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Cardholder Name \_\_\_\_\_

### CONTACT INFORMATION:

Print Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Email \_\_\_\_\_ School Email \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_ County \_\_\_\_\_

Grade/Subjects \_\_\_\_\_ School Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ May we use your name for referrals? \_\_\_\_\_

What or Who Informed you of NWPE? \_\_\_\_\_ Your College of Education \_\_\_\_\_

Preferred Newsletter Delivery Method: By Mail (hardcopy) \_\_\_\_\_ or By Email to: home \_\_\_\_\_ school \_\_\_\_\_

**Mail Application (& Check for Options 1 or 3) to NWPE, P.O. Box 28496, Spokane, WA 99228-8496**