



ASSOCIATION OF AFRICAN AMERICAN EDUCATORS

**Application for Membership**

(NON-PAYROLL DEDUCTION)

Membership Type:  New  Reinstated

Mrs.  Mr.  Ms.  Dr.

*First Name*

*Middle Name*

*Last Name*

*Position/Title*

*District/Organization/Company*

**PRIMARY CONTACT:**

*Street*

*City*

*State*

*Zip*

*Phone Number:* \_\_\_\_\_ *Alternate Number:* \_\_\_\_\_

*E-mail Address:* \_\_\_\_\_ ***Please send AAAE materials here***

**BUSINESS CONTACT:**

*Street*

*City*

*State*

*Zip*

*Phone Number:* \_\_\_\_\_ *Fax Machine Number:* \_\_\_\_\_

*E-mail Address:* \_\_\_\_\_ ***Please send AAAE materials here***

**CURRENT POSITION (SELECT ONE):**

Teacher  Other  Administrator  Counselor  Classified Staff  Higher Education Professional

Retired Educator  School Board Member  Parent  College Student  Community Member

**OVER**

**MEMBERSHIP TYPES & FEE INFORMATION:**

Please check the type of membership

- |                             |           |                          |
|-----------------------------|-----------|--------------------------|
| 1) Administrator            | \$ 112.00 | <input type="checkbox"/> |
| 2) Managers/Supervisors     | \$ 75.00  | <input type="checkbox"/> |
| 3) Teachers                 | \$ 57.00  | <input type="checkbox"/> |
| 4) Classified               | \$ 38.00  | <input type="checkbox"/> |
| 5) Community/Parent/Student | \$ 38.00  | <input type="checkbox"/> |
- (Student rate not available for full-time employed adults)

Would you be prepared to become a volunteer with AAAE?       YES       NO

If yes, please check the following committee(s) you would like to volunteer on:

- Scholarship       Social       Conference       Publicity       Membership       Policy/Legislative
- Curriculum/Instruction       Personnel       Research       Professional Development

Check or money order in US dollars must accompany this application. Dues and fees are payable in advance and are not refundable.

**MEMBER** – Please make a copy for your AAAE records and send the original with payment to:

**AAAE**  
**P.O. Box 152102**  
**College Grove Center**  
**San Diego, CA 92195**  
**Attention: Membership**

Dues Amount Enclosed: \_\_\_\_\_

Payment Method:  Check       Money Order

- Membership is based on a ten month calendar year from September through July. Membership needs to be paid yearly. Please note: If membership is paid after September it will only be good until July of the following year.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICANT

***TO BE COMPLETED BY AAAE MEMBERSHIP COORDINATOR ONLY***

By my signature below, I certify that this individual has joined the Association of African American Educator organization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date Application Received: \_\_\_\_\_