

Application for Membership in
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 Website: www.kentuckyteachers.org

Date: _____ Renewal: _____ New: _____
Name: _____ Email: _____
Address: _____ Telephone: _____
City: _____ Birthdate: _____
State: _____ Zip: _____ Female: _____ Male: _____
School: _____ County: _____
Position: _____ Subject: _____
Grade: _____ T-Shirt Size: _____

Individual....\$200.00 Married Couples\$350.00 Associate\$25.00

Ways to Pay:

Automatic Payroll Deduction (Where Available)

I give permission for Automatic Payroll Deduction: _____
Signature

Checks: Payable to KAPE

Credit Cards: Membership + \$7 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.

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

For Auto Bank Withdrawal, please submit this form along with an auto bank withdrawal form and a voided check. Membership cannot start until all three documents are submitted.

Interested in Association Activities:

Legislative Membership Recruiting