



Application For STUDENT Membership in
KENTUCKY ASSOCIATION of PROFESSIONAL EDUCATORS

269 Regency Circle, Suite 2 – Lexington, KY 40503

Phone- 888-438-7179

email: info@kentuckyteachers.org

Fax- 859-368-9726

www.kentuckyteachers.org

New member coverage begins upon receipt in the office.

Date: _____ Check: Renewal ___ New ___ Male ___ Female ___

Name _____ PERSONAL Email: _____

HOME Address: _____ City: _____ State _____ Zip _____

Telephone (_____) _____ Date of Birth _____

College/University _____

Current Year in College: Circle One:

Freshman Sophomore Junior Senior

If Senior, indicate semester/year in which you will be completing student teaching:

FALL _____ SPRING _____

_____ Student Member..... FREE (Includes \$2 million liability insurance)

Signature _____