

# MEMBERSHIP ENROLLMENT FORM



ALABAMA EDUCATION ASSOCIATION  
 SEPTEMBER 1 - AUGUST 31  
 2015-2016



AEA MEMBER ID NUMBER	AEA MEMBER ID NUMBER
UP DATE INFO	NEW MEMBER
UP DISTRICT	UP NUMBER

## PERSONAL INFORMATION - PLEASE PRINT LEGIBLY

First Name	M.I.	Last Name	Social Security Number	City	Address	Apt. #	Home Phone	Work Phone	Cell Phone
<input type="checkbox"/> CHECK IF PREVIOUS STUDENT MEMBER									

Home Email	Work Email	Other Email	
Ethnic Information	Black	Hispanic	Other
Local Name	Work Location Name	Position Codes (PLEASE "X" ONE)	

ADMIN	ATHL	PRIN	SINT	SFRV	CUST
Administrator	Athletic Director	Principal/Asst. Principal	Superintendent	Supervisor/Director	Custodian
CLTR	INSF	COCH	CNSL	COOK	LPNU
Classroom Teacher	Instructional Specialist	Coach	Counselor	Cook/Food Prep Worker	Licensed Practical Nurse
RGNU	LBR	PROT	SCOT	OTHR	Other
Registered Nurse	Librarian/Media Specialist	Paraprofessional/Aide	Secretary/Cher/Adm	Bus/Truck/Van Driver	

Bank Name	Routing Number (9 digits)	Account Number
Banking Information (COMPLETE IF SIGNING UP FOR BANK DRAFT AND ATTACH A VOIDED CHECK)	Draft Account Type	Account Number
Checking	Savings	

Card Type	Card Number	Exp. Date (MM/YY)	Security Code
AMERICAN EXPRESS	DISCOVER	MASTERCARD	VISA
NAME ON CREDIT CARD	CREDIT CARD INFORMATION (COMPLETE IF SIGNING UP FOR CREDIT CARD DRAFT)	Card 3-Digit Security Code	Card 4-Digit Security Code

MEMBER SIGNATURE	DATE	LOCAL ASSOCIATION REPRESENTATIVE SIGNATURE
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IMPORTANT: Please forward the white copy to AEA, Attn: Membership Department, P. O. Box 4177, Montgomery, AL 36103-4177. The yellow copy is the member's copy.

WHITE COPY: TO AEA BUSINESS OFFICE  
 YELLOW COPY: TO MEMBER