

**AEL MEMBERSHIP APPLICATION**

**(Confidential – Used by AEL Administrator Only)**

**(If returned by mail send to: AEL, 2521 Riva Road, Suite L-2, Annapolis, Maryland 21401)**

(Please **PRINT** legibly, especially e-mail addresses)

DATE: \_\_\_/\_\_\_/\_\_\_

Dr. Ms. Mrs. Mr \_\_\_\_\_  
(First Name) (Last Name)

Home Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail (home) \* \_\_\_\_\_ \*(Where you want AEL e-mail sent [NOT @aacps.org])

(Circle one): Intern, AP, Principal, Supervisor, Coordinator, Other: \_\_\_\_\_

Current Work Location: \_\_\_\_\_

Work Phone: 410 - \_\_\_\_\_ E-Mail AACPS: \_\_\_\_\_

EDUCATIONAL PARTNER MEMBERSHIPS: Select A.E.L. (and any others listed below). **In order to have funds automatically withdrawn through payroll, you must be a member of A.E.L.** If you are not a member you must pay Partnership dues (M/NAESP or M/NAESP) to each organization by check directly to the organization.

**OPTIONS ANNUAL DUES PER PAY**

- \_\_\_ **AEL (\$532.50 effective 7/1/2015)** \_\_\_ @ \$532.50 = \$ 532.50 ÷ 26 = \$ 20.50
- \_\_\_ M/NAESP (Elementary effective 7/1/13) \_\_\_ @ \$395.00 = \$ 395.00 ÷ 26 pays = \$ 15.20
- \_\_\_ M/NAESP (Secondary effective 7/1/13) \_\_\_ @ \$370.00 = \$ 370.00 ÷ 26 pays = \$ 14.23
- \_\_\_ NASSP Only – Introductory 1<sup>st</sup> year only \_\_\_ @ \$335.00 = \$ 335.00 ÷ 26 pays = \$ 12.88

**TOTAL: ALL MEMBERSHIPS SELECTED \$ \_\_\_\_\_ ÷ 26 = \_\_\_\_\_**

**Administrator Use Only**

Payroll Deduction Database: \_\_\_/\_\_\_/\_\_\_  
 Sick Leave Bank Database: Y N \_\_\_/\_\_\_/\_\_\_  
 Email Database secure \_\_\_/\_\_\_/\_\_\_  
 TAAAC Notification: Y N \_\_\_/\_\_\_/\_\_\_  
 Educational Partner Database: NAESP \_\_\_ NASSP \_\_\_