

## AEL MEMBERSHIP APPLICATION

Please email to Brian Love:

[bplove66@mailshot](mailto:bplove66@mailshot)

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

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

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

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

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

Last 4 digits of your S.S. number \_\_\_\_\_

Your personal E-Mail address \_\_\_\_\_

AACPS: E-Mail \_\_\_\_\_

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

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

Work Phone: 410 - \_\_\_\_\_

AEL (\$532.50 Effective 8/1/2021) \_\_\_\_ @ \$532.50 = \$ 532.50 ÷ 26 = \$ 20.50 \_\_\_\_

===== Administrator Use Only=====

Payroll Deduction Database: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sick Leave Bank Database: Y N \_\_\_\_/\_\_\_\_/\_\_\_\_

**In light of the recent Supreme Court ruling in the Janus v. AFSCME case, it is important that we get an employee signature before we can update or add dues elections.** \_\_\_\_\_

**Date** \_\_\_\_\_