AEL MEMBERSHIP APPLICATION

(Confidential, used by AEL Administrator only)

(If returned by mail: Send to: AEL P. O. Box 74 Severna Park, Maryland 21146)

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(Please write legibly)

Date ____/____/____

Dr. Ms. Mrs. Mr. _____ _____
(Print- First) (Print- Last)

Home Street _____

City _____ State _____ Zip _____

Home Phone _____ S.S.N (last 4 digits only) **XXX- XX-** ___ ___ ___ ___

E Mail (home) _____E-Mail (work)_____

Intern____ A P____ Prin____ Super/Coord____ Other_____

Work Location _____ Location ID#__ __ __ __ Work Phone (410)_____

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EDUCATIONAL PARTNER MEMBERSHIPS: Select A.E.L. (and any others listed below)

(Partnership dues are payroll deductible for AEL members)

OPTIONS	**ANNUAL DUES**	**PER PAY**
____ **AEL** ($500 effective 7/1/08)	@ $500.00 = $ 500.00	÷26= $_____
____ **MAESP/NAESP** (Elementary: Md. and National)	@ $365.00 = $_____	÷26= $_____
____ **MASSP/NASSP** (Secondary: Md. and National)	@ $328.00 = $_____	÷26= $_____
____ **Introductory (**first year member)	@ $250.00 = $_____	÷26= $_____
____ **ACTE**	@ $ 60.00 = $_____	÷26= $_____
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TOTAL: ALL MEMBERSHIPS SELECTED	$_____	÷26= $_____

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Administrator Use Only

Date Submitted to BOE: _____/_____/_____
AEL Member Database: _____/_____/_____
Cluster/Feeder System _____/_____/_____
Lawson Payroll Database: _____/_____/_____
Sick Leave Bank: Y N _____/_____/_____
Mailroom Database: _____/_____/_____
Email Database: _____/_____/_____
Educational Partner Database: NAESP___ NASSP___ ACTE___
TAAAC Notification: Y N _____/_____/_____

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Revised: 7/1/06, 9/25/06, 1/26/07, 7/1/07, 7/10/08, 8/20/08 (drop ASCD), 10/30/08, 2/12/09