Application for Membership in
KENTUCKY ASSOCIATION of PROFESSIONAL EDUCATORS
269 Regency Circle, Suite 2; Lexington, KY 40503
Phone: 888-438-7179  Fax: 859-368-9726
Email: info@kentuckyteachers.org  Website: www.kentuckyteachers.org

Date:__________________________  Renewal: _____   New: _____
Name:________________________  Email: _______________________________
Address: _______________________________  Telephone: __________________________
City:__________________________________  Birthdate: ______________
State: ____________    Zip: ______________  Female: _______  Male: _______
School: ________________________________  County: ________________________
Position: ________________________________  Subject:________________________
Grade:_____       T-Shirt Size: ____________

☐ Individual….$200.00   ☐ Married Couples ….$350.00   ☐ Associate ….$25.00

Ways to Pay:
☐ Automatic Payroll Deduction (Where Available)
I give permission for Automatic Payroll Deduction: _______________________________
   Signature

☐ Checks: Payable to KAPE

☐ Credit Cards: Membership + $7 processing fee (bank charge)
   ☐ MasterCard   ☐ Visa   ☐ Discover   ☐ American Express
Card Number: _______________________________
Expiration: _______________    Security Code: _______________

☐ I am in agreement that my credit card can be used for payment of my membership dues in
KAPE. After 5 business days, No refund will be considered.

☐ Automatic Bank Withdrawal: Membership + $5 processing fee (bank charge)
For Auto Bank Withdrawal, please submit this form along with an auto bank withdrawal form and a
voided check.  Membership cannot start until all three documents are submitted.

Interested in Association Activities:
☐ Legislative  ☐ Membership Recruiting