

membership form

PAYROLL DEDUCTION FORM

DATE RENEWAL NEW MEMBER

MEMBERSHIP YEAR RUNS FROM JULY 1 THROUGH JUNE 30 EACH YEAR. NOTIFY PENC IF INFORMATION CHANGES. 800.542.8844 OR PENC@PENCWEB.ORG.

FULL NAME SOCIAL SECURITY #

HOME ADDRESS

CITY STATE ZIP

HOME PHONE CELL PHONE

EMAIL (PERSONAL:) (SCHOOL:)

CITY/COUNTY SCHOOL

POSITION/SUBJECT YRS IN EDUC.

MEMBERSHIP LEVEL SEE PREVIOUS PAGE FOR DESCRIPTIONS

EDUCATOR \$120 EDUCATOR (JAN 1-JUN 30) \$80 SUPPORT \$60 FIRST-YEAR TEACHER \$60

STUDENT \$25 (NAME OF INSTITUTION:) ASSOCIATE \$25 PARTNER MEMBERSHIP: FREE!

IF YOU ARE JOINING AS A PARTNER MEMBER, LIST THE NAMES OF YOUR 3 FIRST-TIME MEMBER RECRUITS:

METHOD OF PAYMENT

• MAKE CHECKS PAYABLE TO PENC AND MAIL WITH FORM TO PROFESSIONAL EDUCATORS OF NC, PO BOX 602405, CHARLOTTE, NC 28260-2405.

• SEND CREDIT CARD PAYMENTS AND PAYROLL DEDUCTION FORMS TO PROFESSIONAL EDUCATORS OF NC, PO BOX 17129, RALEIGH, NC 27619.

DEDUCT FROM PAY (COMPLETE FORM TO RIGHT) CHECK ENCLOSED* CREDIT CARD: VISA MC AMEX DISCOVER

CC# CVC CODE EXP. DATE

SIGNATURE

ATTENTION NEW MEMBERS: HOW DID YOU HEAR ABOUT PENC?

NEW TEACHER ORIENTATION THROUGH MY COLLEGE OR UNIVERSITY COLLEAGUE:

CONFERENCE: OTHER:

SIGNED FORM MUST BE RECEIVED NO LATER THAN **SEPTEMBER 2** TO ENSURE INCLUSION IN PAYROLL DEDUCTION.

FULL NAME

SOCIAL SECURITY #

CITY/COUNTY

SCHOOL

I hereby request my employer,
(name of school system/country)

to deduct from my salary the sum of \$120/\$60 (total amount) for PENC annual dues at a rate set by the school system. *This authorization will continue to be in effect for each ensuing membership year until the school district and PENC have received written notification of termination of this authorization.* If for any reason, except death, my employment is terminated, amounts still owing under this authorization shall be deducted from final pay due. PENC will notify annually the member and school district of any necessary adjustment in the annual dues amount.

SIGNATURE