

MEMBERSHIP FORM

Your membership is active the day PENC receives your completed form.

Date _____

Full Name: _____ Birthdate: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Personal E-mail: _____

School E-mail: _____

School: _____ City/County: _____

Position/Subject: _____ Years in Education: _____

MEMBERSHIP LEVEL & RATES

Educator: \$16.50/month Support \$7.50/month First Year Teacher: \$7.50/month Partner-FREE

Associate: \$25 Student: \$25 *College/University:* _____

Recruited by: _____

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

METHOD OF PAYMENT (\$198-Educator, \$90-Support/First Year Teacher)

Payroll Deduction - **Complete appropriate section on form to the right.**

Check Enclosed Payable to PENC for Full Amount (\$198-Educator, \$90-Support/First Year Teacher)

Bank Draft (Please attach a voided check or form from your banking institution.) - **Complete appropriate section on form to the right.**

Credit/Debit Card for FULL Amount: \$ _____ Visa MC AmEx Discover

Credit/Debit Card for 12 Installment Payments of \$ _____/mo. - **Complete appropriate section on form to the right.**

CC# _____ CVV Code _____ Exp. Date _____

Signature: _____

INSTALLMENT PAYMENT FORM

Please complete the information below if you wish to be set up on monthly bank drafts.

I authorize Professional Educators of North Carolina to initiate electronic debit entries to my:

____ Checking account (Please attach a voided check if possible.)

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled it in writing.

Financial institution name: *(please print)* _____

Financial institution city and state: _____

Routing number _____

Account number _____

Signature _____ Date _____

PAYROLL DEDUCTION FORM

Signed form must be received NO LATER THAN September 3 to ensure inclusion in Payroll Deductions.

SCHOOL DISTRICT: _____

SCHOOL: _____

Last four digits of Social Security #: _____

I hereby request my employer to deduct from my salary (school system/county)

to deduct from my salary the sum of \$24.75/\$90(\$11.25) for PENC annual dues. **This authorization must be in effect for each ensuing membership year. The school district and PENC have received written notification of termination of this authorization.** If for any reason, except the end of my employment is terminated, amounts still owing under this authorization shall be deducted from my final pay due. PENC will not refund the member and school district of any necessary adjustment to annual dues amount.

Signature: _____