

<< ACEA Membership Form >>

Antilles Consolidated Education Association, P.O. Box 34425, Ft. Buchanan P.R. 00934

* Last Name, First Name, Middle Initial

* School

* Mailing Address

PR 00

*E- Mail Address

Δ Note: Substitutes and NTE'S must pay cash. Continuing cash paying members may pay cash or switch to payroll deduction. All other members must sign up for payroll deduction.

* Home Phone

* Social Security Number

Dues Status (Check One)

<input type="checkbox"/>	Regular \$700
<input type="checkbox"/>	Part-time or Substitute \$350
<input type="checkbox"/>	Standard Form 1187 must be submitted. Available from Faculty Rep

FACULTY REPRESENTATIVE

MEMBER'S SIGNATURE

DATE

Form Revised 6/15/11

White Copy- Treasurer

Yellow Copy- Members

Pink Copy- Faculty Representative