MEMBERSHIP FORM

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

❑ RENEWAL ❑ NEW MEMBER Date: _____

Send completed form with payment information to Professional Educators of NC, P.O. Box 17129, Raleigh, NC 27619

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

❑ Educator: $13.50/month ❑ Support: $7/month ❑ First Year Teacher: $7/month

❑ Associate: $25 ❑ Student: $25 *College:* _____

Recruited by: _____

METHOD OF PAYMENT | PAID IN FULL *($162-Educator, $84-Support/First Year Teacher)*

❑ Check Enclosed Payable to PENC for Full Amount

❑ Credit or Debit Card for Full Amount: ❑ Visa ❑ MC ❑ AmEx ❑ Discover

Cc# _____ CVV Code _____ Exp. Date _____

Signature: _____

INSTALLMENT PAYMENT FORM

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

❑ Bank Draft

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 _____

❑ Credit or Debit Card Draft

❑ Visa ❑ MC ❑ AmEx ❑ Discover

Cc# _____

CVV Code _____ Exp. Date _____

Signature _____