**MEMBERSHIP**

***Please Indicate Membership Desired By Completing the Following Table:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CHOOSE ALL THAT APPLY AND CIRCLE THE AMOUNT*** | | | | ***AMOUNT*** |
| ***\_\_\_CAAE*** | ***\_\_\_\_Regular***  ***\_\_\_\_Substitute***  ***\_\_\_\_Student*** | ***$ 60.00***  ***$ 30.00***  ***$ 1.00*** | | ***$\_\_\_\_\_\_\_\_\_\_\_\_*** |
| ***\_\_\_\_NAAE*** | ***\_\_\_\_Active***  ***\_\_\_\_Associate***  ***\_\_\_\_Retired***  ***\_\_\_\_Student***  ***\_\_\_\_Life*** | ***$60.00***  ***$35.00***  ***$35.00***  ***$10.00***  ***(info at NAAE.org)*** | | ***$\_\_\_\_\_\_\_\_\_\_\_\_*** |
| ***\_\_\_Ag Ed Magazine*** | ***Subscription*** | ***$15.00*** | | ***$\_\_\_\_\_\_\_\_\_\_\_\_*** |
| ***Total Enclosed*** | | | ***$\_\_\_\_\_\_\_\_\_\_\_\_*** | |

**PAYMENT**

***Please Make All Checks Payable to C.A.A.E.***

|  |  |
| --- | --- |
| ***INDICATE METHOD OF PAYMENT: (Duplicate forms as needed)*** | |
| ***\_\_\_\_\_\_\_\_\_\_Personal Check***  ***Check Number\_\_\_\_\_\_\_\_\_\_*** | ***\_\_\_\_\_\_\_\_\_\_School Check/P.O.-***  ***Check Number \_\_\_\_\_\_\_\_\_\_*** |

***MEMBER INFORMATION***

|  |  |
| --- | --- |
| ***Name (Last, First):*** | ***School Name:*** |
| ***Home Address:*** | ***School Address:*** |
| ***City, State, Zip Code:*** | ***City, State, Zip Code:*** |
| ***E-mail:*** | ***Work Phone: (\_\_\_\_\_\_)*** |
| ***Home Phone: (\_\_\_\_\_\_)*** | ***Years of Service (Including THIS school year):*** |

***PLEASE RETURN FORMS (1 PER MEMBER) AND PAYMENT TO:***

***Audra Leach***

***931 North River Road***

***Coventry, CT 06238***

***Please Pay Dues before DECEMBER 31, 2017***

***(Your insurance does not start until membership form and payment are received AND processed by NAAE.)***

***Checks and forms are submitted to NAAE monthly.)***