**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.)***