



Connecting the Essentials.
Educators. Businesses. Community.

MEMBERSHIP APPLICATION

Date: _____ Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Contact E-mail: _____

Employer: _____ Title: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work E-mail: _____

ACTE AZ (State Membership)
20403 N. Lake Pleasant Road
Suite 117 PMB 615
Peoria, AZ 85382-9707

ACTE (National Membership)
1410 King Street
Alexandria, VA 22314

New Member Renewal

New Member Renewal

Active Membership - \$40.00

Active Membership - \$80.00

Student Membership - \$10.00

Retired Membership - \$31.00

Retired Membership - \$20.00

Amount Due: _____

Amount Due: _____

Check Information

Check Number: _____

Check Amount: _____

Credit Card Information

Card Type: _____ Amount: _____

Name on Card: _____

Card Number: _____

Exp Date: _____ CCV Code: _____

Billing Address: _____

Send Application and Payment to:

ACTE AZ
20403 N. Lake Pleasant Road
Suite 117 PMB 615
Peoria, AZ 85382-9707