



Payroll Deduction and All Payment Options

(Payroll Deduction, Bank Draft or Credit Card)

Mail to: ACOE P.O. Box 102035 Birmingham, AL 35210

Annual Dues \$210 (*Student teacher membership \$25 per year)

Payroll Deduction is not an option for Student Teachers

Membership includes liability insurance

(Administrative duties are not covered)



Scan QR Code above to
join or pay online

Please check ONE: ☐ New Membership ☐ Renewal ☐ Update My Info ☐ Student Teacher ☐ Upgrade from Student Teacher

1) Have you ever been a member of ACOE? ☐ Yes ☐ No. If yes, under what last name? _____

2) Name:(First MI. Last) _____ SS# (Last 4 Required) : _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

Home E-mail (Required): _____ Work E-mail: _____

Date you wish your membership to become effective (cannot be prior to date received by ACOE): _____

School System: _____ Full School Name: _____

____ Certified (Circle One): Teacher - Counselor - PE/Coach - Special Ed - Media - Vocational - Other: _____

____ Support Professional (Circle One): Aide - Spec. Ed. Aide - CNP - Bus Driver - Secretary - Bookkeeper - Nurse - Other: _____

____ *Student Teacher (University): _____ Expected Graduation Date: _____

3) Chose **ONE** Payment Method **ONLY** (A, B, or C) and complete **ONLY** the information for the payment method you choose.

A) ☐ Payroll Deduction – Annual Fees \$210 - ***For most recent list of systems offering payroll deduction, visit www.ACOE.us***

AL School of Fine Arts, Alabaster City, Alexander City, Auburn City, Baldwin County, Blount County, Covington County, Crenshaw County, Cullman City, Decatur City, Dothan City, Geneva City, Geneva County, Homewood City, Hoover City, Jackson County, Leeds City, Limestone County, Morgan County, Mountain Brook City, Muscle Shoals City, Oneonta City, Ozark City, Pelham City, Pell City City, Phenix City, Russell County, Shelby County, St. Clair County, Talladega County, Trussville City, Tuscaloosa County, Vestavia Hills City, Washington County - More coming soon. Ask your Payroll Dept. to offer payroll deduction for ACOE membership.

SS# (REQUIRED) _____ - _____ - _____ (Mail ALL application copies to the address above).

By signing below, I authorize my employer to deduct annual professional membership dues as established annually from my salary according to terms set forth by mutual consent for this membership year and every year thereafter. This authorization may be canceled for a succeeding membership year by me providing written notice to that effect to the association's state headquarters and to my employer's payroll administrator on or before September 15th of that year (earlier in some systems). If employment is terminated, member dues still owing under this authorization shall be deducted from my final pay as set forth in SECTION 16-22-6 of the Code of Alabama. I authorize my payroll department to automatically increase the monthly deduction amount in the event of a dues increase.

B) ☐ Bank Draft - **IMPORTANT NOTE:** Mail application (and if possible, a voided check) to ACOE at the address above.

Your bank account will be debited **12 equal payments of \$17.50 per month** per membership year to equal the total annual dues of \$210.

Bank Draft option renews automatically each membership year with no action required on your part. It is the member's responsibility to notify ACOE if the member wishes to cancel membership and stop bank drafts after full dues are paid for the membership year.

Name as it appears on account: _____ Bank Name: _____

Routing #: _____ Account Number: _____

C) ☐ VISA ☐ MC; Select One: ☐ \$210 Teacher/Support ☐ \$105 Student Teacher Upgrade ☐ *\$25 Student Teacher

Card #: _____ Exp. Date: _____ Three Digit Security Code: _____

4) I was referred by (list ONE person only): _____ from which system? _____

REQUIRED SIGNATURE:

Date: _____

Important Note: By signing this application, I acknowledge that I understand: 1. My membership will not be effective until my dues have been received by ACOE or steps to begin monthly installment payments have been completed. 2. That I agree to pay my total yearly dues of \$210 in full even if paying in monthly installments. 3. I will pay for and receive a full year of benefits, liability insurance and legal services beginning and ending on my membership anniversary date. 4. ACOE liability insurance and legal services **DO NOT** cover any administrative duties or actions and I understand that only I can cancel my membership in other organizations. 5. Although not often, but future dues increases are possible without notice.

Office Use Only: MBR # _____; DOI: _____;

☐ Payroll Deduction Application Delivered to System's Payroll Department by Recruiter ☐ Entered Online by Recruiter: Initials: _____