

American Academy of Special Education Professionals AASEP

Membership Application Form (AASEP Easy Payment Plan)

*Create Username: _____
(length 6-50 characters)

* Password: _____
(length 5-40 characters)

* Prefix: Mr. _____ Ms. _____ Mrs. _____ Dr. _____

* First Name: _____ * Last Name: _____

*Gender: Female _____ Male _____ * Profession: _____

* Highest Degree Obtained: _____ * Where Obtained _____

* Mailing Address : _____ Address 2: _____

* City _____ * State: _____ * Zip Code: _____

Home Phone: _____ Office Phone: _____ Fax: _____

* EMAIL: _____ How did you hear about AASEP? _____

MEMBERSHIP OPTIONS:

* Membership Type:

One Year Membership:

- _____ \$45 – Special Education Professional (in 2 Payments of \$22.50 each)
- _____ \$45 – Affiliate Membership (in 2 Payments of \$22.50 each)
- _____ \$45 – Full Membership – Professor (in 2 Payments of \$22.50)
- _____ \$39 – Student Membership (in 2 payments of \$19.50)
- _____ \$49 – International Membership (in 2 Payments \$24.50)

Two Year Membership:

- _____ \$85 – Special Education Professional (in 2 Payments of \$42.50)
- _____ \$85 – Affiliate Membership (in 2 Payments of \$42.50)
- _____ \$85 – Full Membership – Professor (in 2 Payments of \$42.50)
- _____ \$75 – Student Membership (in 2 Payments of \$37.50)
- _____ \$95 – International Membership (in 2 Payments of \$47.50)

* Asterisk indicates required fields.

For credit card payments please complete the Credit Card Authorization form and return both forms to:

**AASEP Membership Department
1431 W. South Fork Drive
Phoenix, AZ 85045-1959**

American Academy of Special Education Professionals AASEP

Credit Card Authorization Form

Customer Name: _____ (Exactly as is appears on card)

We accept the following credit cards:



Credit Card Type: VISA _____ Master Card _____ AMEX _____ Discover _____

Card Number: _____

Exp. Date: _____ (mm/yy) CVC code _____



Credit Card Billing Address: _____

I authorize AASEP to charge my credit card listed above for two (2) consecutive monthly membership fee payments of \$ _____ Month 1 (at Registration Completion)
\$ _____ Month 2 (30 Days After Registration)

(please enter the monthly fees as indicated on the following page for your desired membership level - see page 3)

Cardholder's Name: _____

Signature: _____

Membership Package
Ship to Address: _____

Upon successful entry of payment information you will receive an email confirmation of your payment and membership acceptance.

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AASEP Easy Payment Plan – Two Monthly Payments by Membership Type

Membership Type

<u>One Year</u>	Month <u>1</u>	<u>2</u>
Professional Membership	\$22.50	\$22.50
Affiliate Membership	\$22.50	\$22.50
Professorial Membership	\$22.50	\$22.50
Student Membership	\$19.50	\$19.50
International Membership	\$24.50	\$24.50

<u>Two Year</u>	Month <u>1</u>	<u>2</u>
Professional Membership	\$42.50	\$42.50
Affiliate Membership	\$42.50	\$42.50
Professorial Membership	\$42.50	\$42.50
Student Membership	\$37.50	\$37.50
International Membership	\$47.50	\$47.50