

# American Academy of Special Education Professionals AASEP

## Membership Application Form

\*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:

- \_\_\_\_\_ \$49 – Professional Membership
- \_\_\_\_\_ \$49 – Affiliate Membership
- \_\_\_\_\_ \$49 – Full Membership – Professor
- \_\_\_\_\_ \$39 – Student Membership
- \_\_\_\_\_ \$49 – International Membership

##### Two Year Membership:

- \_\_\_\_\_ \$85 – Professional Membership
- \_\_\_\_\_ \$85 – Affiliate Membership
- \_\_\_\_\_ \$85 – Professorial Membership
- \_\_\_\_\_ \$75 – Student Membership
- \_\_\_\_\_ \$95 – International Membership

\* Asterisk indicates required fields.

When paying by check or money order please make payable to: **AASEP**

If using a credit card, please complete the Credit Card Authorization form and return both forms to:

**AASEP Membership Department  
3642 E. Sunnydale Drive  
Chandler Heights, AZ 85142**

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## Credit Card Authorization Form

Customer Name: \_\_\_\_\_ (Exactly as it appears on card)

We accept the following credit cards:



Credit Card Type: VISA \_\_\_\_\_ Master Card \_\_\_\_\_ AMEX \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_ CVC Code \_\_\_\_\_



Exp. Date: \_\_\_\_\_ (mm/yy) **Amount to be charged** \$ \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize AASEP to charge my credit card listed above for membership fees and any requested items shipped to my address or to the below listed address.  
(add shipping address only if **not** the same as billing address)

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.