

# 2010-11 ATPE Membership Application

**If paying by personal check, mail this entire page along with your check to ATPE. If paying by payroll deduction, complete the payroll deduction authorization below and mail the entire page to ATPE, or join at [atpe.org](http://atpe.org) to pay by credit card.**

Soc. Sec. # XXX-XX-\_\_\_\_\_ (only last four digits)     Female    Male

Name .....  
Last                      First                      Middle

Address .....

City/State .....                      ZIP .....

Home Ph. (     ) .....                      ISD .....

Campus name .....

Home e-mail .....

School e-mail .....

**Yes! I want information about becoming an ATPE volunteer!**

Of the amount of dues paid toward your membership in ATPE, \$3.32 pays for a subscription to *ATPE News* (published four times per year) and includes all state and local sales taxes. A portion of ATPE members' dues (up to \$24.00 for Professional and Associate members, and up to \$4.00 for Teacher Trainee members) pays for the Educators Professional Liability Insurance Policy.

The ATPE Political Action Committee (ATPE-PAC) accepts voluntary donations from members to advocate for ATPE's legislative priorities. ATPE-PAC does not endorse political candidates. Donations to ATPE-PAC are not a condition of employment or membership. A member may donate more or less than the suggested amount or may choose not to make a donation without it affecting his or her membership status, rights or benefits with ATPE. Donations are not deductible for federal income tax purposes.

**\*LIABILITY & EMPLOYMENT RIGHTS DEFENSE INSURANCE 2010-11 MEMBERSHIP YEAR**

Coverage applies to your activities as a Professional or Associate member in the course of your duties of employment with an educational institution, or to your activities as a Teacher Trainee member in the course of your duties as a student in a teacher education program in an accredited college or university. Coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. ALL COVERAGE IS SUBJECT TO THE EXPRESS TERMS OF THE MASTER INSURANCE POLICY ISSUED TO ATPE and kept on file at the state office. The policy applies only to activities that begin during the period when coverage is effective and does not apply to activities that predate the coverage period.

Your Membership Date is established when your application is received in the state office, or when your application is received, signed and dated by a designated local unit representative. Coverage begins on the later of 8/1/10 or your Membership Date and expires on 8/1/11 except for the following: COVERAGES IS EFFECTIVE ON 8/1/10 IF YOU RENEW MEMBERSHIP ANYTIME DURING AUGUST OR SEPTEMBER 2010; AND EMPLOYMENT RIGHTS DEFENSE INSURANCE IS NOT EFFECTIVE UNTIL 30 DAYS AFTER YOUR MEMBERSHIP DATE IF YOU JOIN AFTER 9/30/10 AND WERE ELIGIBLE FOR MEMBERSHIP FROM AUGUST 2010 THROUGH SEPTEMBER 2010. Download a summary of the master insurance policy at [www.atpe.org/protection](http://www.atpe.org/protection). For further information, call (800) 777-ATPE. Eligibility for membership benefits is contingent upon receipt of the entire membership dues amount for your appropriate membership category. A disruption in payments to an authorized payment plan may result in discontinuation of such benefits, including cancellation of insurance coverage for the entire membership year, retroactive to August 1 or your membership date.



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 Austin, TX 78752-3792  
 (512) 467-0071 • (800) 777-ATPE  
[atpe.org](http://atpe.org) • [atpe@atpe.org](mailto:atpe@atpe.org)

STATE DUES	Enter amount	(OL)
<b>Insured categories*</b>		
<input type="checkbox"/> Professional    \$145.00	\$ _____	
<input type="checkbox"/> First-time Professional    \$90.00 <small>Have never been a Professional member</small>	\$ _____	
<input type="checkbox"/> Associate    \$70.00 <small>Paraprofessional and classified positions</small>	\$ _____	
<input type="checkbox"/> Teacher Trainee <b>FREE</b> <small>Student teacher in Texas</small>	<b>FREE</b>	
<b>Uninsured categories</b>		
<input type="checkbox"/> Retired    \$10.00 <small>Retired former school employee</small>	\$ _____	
<input type="checkbox"/> College Student <b>FREE</b> <small>Non-teaching college student</small>	<b>FREE</b>	
<input type="checkbox"/> Public    \$35.00 <small>Friend of public education</small>	\$ _____	
<input type="checkbox"/> Local unit dues	\$ _____	
<input type="checkbox"/> ATPE-PAC    \$ _____ <small>Suggested \$12 donation</small>	\$ _____	
<b>TOTAL</b>	\$ _____	
<input type="checkbox"/> Payroll deduction    or <input type="checkbox"/> Check enclosed <small>Complete authorization below.</small>		

Professional and Associate membership is open to persons employed in Texas by a public school district, institution of higher education, Regional Education Service Center, the State Board for Educator Certification or the Texas Education Agency. **You must join in the appropriate insured category in order to qualify for coverage. ATPE reserves the right to determine eligibility for the appropriate membership category.** Please review a list of eligible job descriptions at [www.atpe.org/joinatpe/jobdesc.asp](http://www.atpe.org/joinatpe/jobdesc.asp), or call (800) 777-ATPE. **Commissioned peace officers are eligible for public membership only.**

Dues are not deductible as charitable contributions for income tax purposes but may be deductible as miscellaneous itemized deductions, subject to IRS restrictions. It is estimated that 12 percent of your dues dollar is used for lobbying activities and is therefore not deductible. Arrangements for payroll deduction are the responsibility of the applicant.

## Payroll Deduction Authorization

I, \_\_\_\_\_, authorize the \_\_\_\_\_ school district to deduct the **total amount** of \$ \_\_\_\_\_ in order to pay for ATPE state dues, local dues and political action donations. I further authorize the Association to notify the school district of changes in the annual dues amounts and the school district to deduct the new amount. The number of pay periods over which deductions may be made is \_\_\_\_\_. Upon termination of my employment, I authorize any unpaid balance to be deducted from my final check. This authorization, for the deductions referenced above, will continue in effect until I give notice to the school district to revoke. **Payroll authorizations will not be accepted after Feb. 28, 2011, for 2010-11.**

Employee Signature .....                      Soc. Sec. # .....                      Date .....

ATPE applicant must sign.                      Or Employee ID #