

Professional Educators Network of Florida Membership Application



Please print, complete, and mail or fax application to:
Professional Educators Network of Florida
7855 Argyle Forest Blvd., Suite 304
Jacksonville, FL 32244
FAX: 904 647 7392

To sign up over the phone with credit card, call 800 311 7770

First Name: _____ Middle Intl. _____ Last Name: _____

Address: _____

City: _____ Zip: _____ Phone Number: _____

School: _____ County: _____

Personal EMail Address: _____

Type of Membership

- Professional - \$180 - \$15 monthly
- Husband/Wife Discount - \$255 - \$21.25 monthly
- First Year Teacher - \$100 - \$8.33 monthly
- Associate - \$130 - \$10.83 monthly
- Student - \$20 annually



Monthly Debit/Credit Card Deduction Authorization - As a convenience to me, I request and authorize the Professional Educators Network of Florida (PEN of Florida) to initiate debit entries drawn on my credit card or debit card payable to PEN. This authority is to remain in full force and effect until PEN has received written notification from me of its termination in such time and in such manner as to afford PEN a reasonable opportunity to act on it.

Annual Credit Card Payment

Master Card

Visa

Am Ex

Discover

Credit Card # _____

Expiration Date: _____ / _____ Security Code: _____

Print Cardholders Name: _____

Signature: _____

Annual Payment by Check

Payroll Deduction:

I authorize my employer, the _____ County School Board, to deduct from my salary and transmit to the Professional Educators Network of Florida (PEN) dues annually certified by PEN. I hereby waive all rights and claims to said monies so deducted and transmitted in accordance with this authorization and relieve the school board and all its officers from any liability thereof. This authorization shall remain in effect until revoked by me in writing upon thirty (30) days written notice to the school board and to PEN.

(SIGNATURE REQUIRED)

DATE