

MPE MEMBERSHIP APPLICATION

NAME

ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

CELL PHONE

WORK PHONE

HOME PHONE

DOB

LAST 4 OF SOCIAL SECURITY NUMBER

SCHOOL NAME

COUNTY

SCHOOL DISTRICT

SUBJECT/GRADE(S) TAUGHT

RECRUITED BY

MEMBER CATEGORY

- ADMINISTRATOR
- ASSISTANT PRINCIPAL
- ASSISTANT TEACHER
- CLERICAL
- LICENSED HEALTH CARE PROVIDER
- LIBRARIAN/COUNSELOR
- PART-TIME TEACHER
- PRINCIPAL
- PROFESSOR
- PROGRAM COORDINATOR/DIRECTOR
- RETIRED EDUCATOR
- STUDENT TEACHER
- TEACHER
 - PE
 - REG
 - SPED
 - VOC
 - OTHER
- OTHER/CERTIFIED
- OTHER/NON-CERTIFIED

METHOD OF PAYMENT

- PROFESSIONAL \$120
 - COUPLES \$200
 - NON-CERTIFIED OR PART-TIME \$60
 - STUDENT TEACHER \$14
 - RETIRED EDUCATOR w/o INSURANCE \$10
 - CHECK/MONEY ORDER
Make payable to MPE
 - MONTHLY BANK DRAFT
Please enclose VOIDED check (no deposit slips please)
 - Professional.....\$10.50
 - Couples.....\$17.00
 - Non-cert or Part-time.....\$5.25
 - CREDIT CARD
 - DISCOVER
 - MASTERCARD
 - VISA
- # _____
- EXP. DATE ____ / ____ / ____

Please remit completed application to: MPE • P.O. Box 22550 • Jackson, MS 39225-2550