## Membership Form

**PLEASE PRINT OR TYPE:**

<table>
<thead>
<tr>
<th>Name (First Name, Middle Initial, and Last Name)</th>
<th>Date Form Completed</th>
</tr>
</thead>
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<tr>
<th>Place of Employment (Name of School, State Agency, Etc.)</th>
<th>County of Employment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Office Phone (with Area Code)</th>
<th>Email</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone (with Area Code)</th>
<th>FACTE Primary Affiliation</th>
</tr>
</thead>
</table>

### Where would you like your FACTE mail sent?  
☐ Home Address  ☐ Employer Address

#### FACTE/ACTE Membership (Please Select One)

**Active Membership** (For individuals employed in education or related occupations)

- ☐ FACTE (includes one division to be indicated below) .......................................................... $75.00
- ☐ FACTE & ACTE .......................................................... $155.00

**Affiliate Membership** (For retirees & individuals affiliated with education. DOES NOT INCLUDE ANY DIVISION DUES.)

- ☐ FACTE only ......................................................................................................................... $15.00
- ☐ ACTE loyalty only .............................................................................................................. $31.00

**Student Membership** (For full-time students only. DOES NOT INCLUDE ANY DIVISION DUES.)

- ☐ FACTE only ......................................................................................................................... $12.00

**Partner Membership** (DOES NOT INCLUDE ANY DIVISION DUES.)

- ☐ Institutional- FACTE only .................................................................................................... $150.00

**Life Membership** (DOES NOT INCLUDE ANY DIVISION DUES.)

- ☐ FACTE Current Life Member .................................................................................................. *Paid in Full*
- ☐ FACTE (One Payment Method) .............................................................................................. $400.00
- ☐ FACTE (By Four Annual Installments) ................................................................................... $100.00
  - ☐ 1st Installment ☐ 2nd Installment ☐ 3rd Installment ☐ 4th Installment

**FACTE Division Affiliation** (Dues include ONE free Division, $25 for each ADDITIONAL Division)

- ☐ Secondary & Post Secondary Administration (FLCTE)
- ☐ Agribusiness (FAAE)
  - ☐ NAAE......$60.00
  - ☐ Ag. Ed. Magazine......$12.00
- ☐ Jr. Reserve Officers Training Corps Personnel (FAJROTC)
- ☐ Business Education (FBTEA)
- ☐ Career Academy (CAD)
- ☐ Diversified Cooperative Training Work Experience (DCTAF/WEAF)
- ☐ Equity (FEACTE)
- ☐ Family & Consumer Science (FEFACS)
- ☐ Florida Apprenticeship Association (FAA)
- ☐ Health Science (HOEAF)
- ☐ Marketing (FAME)
- ☐ Occup. Spec./Guidance (OSGA)
- ☐ Public Service
- ☐ Teacher Educators
- ☐ Technical & Industrial (FATIE)
- ☐ Technology Education (FTEA)
- ☐ Career Pathways (FCPN)

*(Continue On Back)*
Help FACTE Grow! Recruit a member TODAY!

or

I was recruited by:

_________________________________

ACTE Division Affiliation

ACTE Members Only: (Dues include ONE FREE Division. $10 for each additional Division)

☐ Administration ☐ Family & Consumer Sciences ☐ Special Needs
☐ Agribusiness ☐ Guidance ☐ Technical
☐ Business Education ☐ Health Science Occupations ☐ Technology
☐ Employment & Training ☐ Marketing ☐ Trade & Industrial

New & Related Services

☐ Adult Vocational Ed ☐ Public Information ☐ International
☐ Cooperative Work Experience ☐ Related Subjects ☐ Support Staff
☐ Industrial Materials ☐ Research ☐ Others
☐ Personal Development ☐ Makers of Policy ☐ CBITS

FACTE/ACTE Membership Dues $_______
FACTE Division Affiliation Dues $_______
ACTE Division Affiliation Dues $_______
Student Scholarship Donations $_______

Total Amount Due $_______

Method of Payment

☐ Check (Payable to FACTE) ☐ Credit Card (Visa or MasterCard) [Circle One]

Credit Card Information

_________________________________________ $___________
Card Holder’s Name Amount Charged

Billing Address

_________________________________________
Credit Card Number Expiration Date

__________________________
Signature

Return the complete form with payment to:
FACTE Membership, 1220 North Paul Russell, Tallahassee, FL 32301-4828
(850) 878-6860 ☐ (800) 586-6860 ☐ (850) 878-5476 FAX

The Federal Government requires this notice: Contributions or gifts to the FACTE are not tax deductible as a charitable contribution for Federal Income Tax Purposes. However, dues may be deductible as ordinary and necessary business expenses.

FOR FACTE USE ONLY

Date Received:__________________
Check or Credit Card Payment
Check Number:______________
County:____________________
Membership ID:______________
Amount Paid:______________

Revised March 15, 2011