| PLEASE PRINT OR TYPE: | | | | |
|------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|-------------------------|--|
| | | | | |
| Name (First Name, Middle Initial, and Last Name) | | | Date Form Completed | |
| Place of Employment (Name of School, State Agency, Etc.) | | | County of Employment | |
| Employer Address | City | State | Zip | |
| Office Phone (with Area Code) | | Email | | |
| Home Address | City | State | Zip | |
| Home Phone (with Area Code) | | FA | CTE Primary Affiliation | |
| Where would you like your FAC | CTE mail sent? | ☐ Home Address | ☐ Employer Address | |
| FACTE/ACTE Membership_ | (Please Select One) | | | |
| Active Membership (For individuals em | | cupations) | | |
| ☐ FACTE (includes one division to b | | | \$75.00 | |
| □ FACTE & ACTE | | | | |
| | | | | |
| Affiliate Membership (For retirees & in | | | | |
| □ FACTE only | | | | |
| □ ACTE loyalty only | | | \$31.00 | |
| Student Membership (For full-time stu | idents only DOES NOT INCLUD | E ANY DIVISION DUES) | | |
| ☐ FACTE only | - | | \$12.00 | |
| • | | | • | |
| Partner Membership (DOES NOT INC | | | 0.4.50.00 | |
| ☐ Institutional- FACTE only | ••••• | | \$150.00 | |
| Life Membership (DOES NOT INCLUD | DE ANY DIVISION DUES) | | | |
| ☐ FACTE Current Life Member | | | Paid in Full | |
| ☐ FACTE (One Payment Method) | | | | |
| ☐ FACTE (By Four Annual Installments) | | | | |
| \Box 1 st Installment \Box 2 | Installment $\Box 3^{rd}$ Instal | llment $\Box 4^{th}$ Installment | | |
| FACTE Division Affiliation (| Dues include ONE free | Division, \$25 for each | h ADDITIONAL Divisio | |
| ☐ Secondary & Post Secondary Administr | | ☐ Florida Apprenticeship A | | |
| ☐ Agribusiness (FAAE) | | ☐ Health Science (HOEA) | F) | |
| □ NAAE\$60.00 | | ☐ Marketing (FAME) | | |
| ☐ Ag. Ed. Magazine\$12.00 | | ☐ Occup. Spec./Guidance | (OSGA) | |
| ☐ Jr. Reserve Officers Training Corps Per | rsonnel (FAJROTC) | ☐ Public Service | | |
| ☐ Business Education (FBTEA) | | ☐ Teacher Educators | E A (DEE) | |
| □ Career Academy (CAD)□ Diversified Cooperative Training Work | Evnerience | ☐ Technical & Industrial (| | |
| (DCTAF/WEAF) | . Бурененсе | ☐ Technology Education (| | |
| □ Equity (FEACTE) | | ☐ Career Pathways (FCPN | V) | |
| ☐ Family & Consumer Science (FEFACS | 5) | | | |

(Continue On Back)



Help FACTE Grow! Recruit a member TODAY!

or

I was recruited by:

| ACTE Division Affiliation | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|--|
| ACTE Members Only: (Dues Administration Agribusiness Business Education Employment & Training | include ONE FREE Division. \$10 for each □Family & Consumer Sciences □ Guidance □ Health Science Occupations □Marketing | additional Division) □ Special Needs □ Technical □ Technology □ Trade & Industrial | | |
| New & Related Services | | | | |
| □ Adult Vocational Ed □ Cooperative Work Experience □ Industrial Materials □ Personal Development | □ Public Information □ Related Subjects □ Research □ Makers of Policy | □ International □ Support Staff □ Others □ 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 Exp | viration Date | FOR FACTE USE ONLY | | |
| 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. | | Date Received: Check or Credit Card Payment Check Number: County: Membership ID: Amount Paid: | | |
| However, dues may be deductible a | as ordinary and necessary business expenses. | | | |