



P.O. Box 942270 | Atlanta, GA 31141  
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# PAGE Membership Application

Please Print

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
SS#: \_\_\_\_\_  
Personal Email: \_\_\_\_\_

School System: \_\_\_\_\_  
School: \_\_\_\_\_  
 Sp. Ed. Teacher    Teacher    Administrator  
 Nurse    Security    Parapro    Secretary  
 Bus Driver    Sub Teacher   Other: \_\_\_\_\_  
 I desire to receive legislative updates

## PAGE MEMBERSHIP TYPE (check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Professional..... \$175.00                                       | <input type="checkbox"/> College Student / Teacher Candidate ..... \$15.00                             |
| <input type="checkbox"/> If PAGE member as student or support (1-yr discount).... \$87.50 | <input type="checkbox"/> High School Education Pathway Student* ..... \$15.00                          |
| <input type="checkbox"/> Support Personnel ..... \$87.50                                  | <small>(*Accidental Death Coverage NOT included in High School Pathway membership)</small>             |
| <input type="checkbox"/> If PAGE member as student (1-yr discount) ..... \$43.75          | <input type="checkbox"/> Retired Annual**: \$25 <input type="checkbox"/> Retired Lifetime**: \$100     |
|   | <small>**Liability/Legal Defense/Accidental Death Coverage NOT included in retired membership)</small> |

## METHODS OF PAYMENT (select one and sign)

Coverage applies to incidents that occur after your effective date of membership.

### Payroll Deduction

I hereby authorize my system to deduct PAGE dues from my payroll check in the number of installments set by the central office and to automatically renew my membership annually. I understand that I must notify PAGE and the central office in writing 30 days prior to the cancellation date if I wish to discontinue payroll deduction. (See reverse side for system deadlines and systems not offering payroll deduction.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee ID # if employed in Atlanta City, Clayton, Cobb, DeKalb, Fayette, Fulton or Gwinnett: \_\_\_\_\_

**Credit Card / Debit Card** Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Full Payment or  Monthly Payment **AND** card type:  MasterCard    Visa    Amex    Discover

I hereby authorize PAGE to debit my credit card/debit card on the 15th of each month for 1/12th of the annual dues and to automatically renew my membership annually. I understand that I must notify PAGE in writing 30 days prior to the cancellation date if I wish to discontinue debits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Check / Money Order** (full payment only) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:** Appli. Date: \_\_\_\_\_ Member #: \_\_\_\_\_ Amt Pd: \_\_\_\_\_ Other: \_\_\_\_\_ Ck #: \_\_\_\_\_ Date: \_\_\_\_\_

**MSR/BC/SC SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Membership takes effect on the date the MSR, BC or SC signs and dates this form. Otherwise, membership takes effect when application is processed by PAGE.*

## PAYROLL DEDUCTION CANCELLATION

If you wish to cancel payroll deductions with another association, contact your school system payroll office (or submit this request):

### Dear Payroll Office:

I wish to stop payroll deductions of membership dues to \_\_\_\_\_  
as soon as possible. (Association Name)

Name: (print): \_\_\_\_\_ Date: \_\_\_\_\_

SS#: \_\_\_\_\_ School: \_\_\_\_\_

Signature: \_\_\_\_\_

## PAGE TEMPORARY MEMBERSHIP CARD

Complete this section for your records.

To verify that PAGE received your application and/or payment, check your bank, credit card or payroll statement. Allow 30 days to process application and receive membership package.

DATE appl./payment mailed or given to PAGE rep: \_\_\_\_\_

PAYROLL DEDUCTION

CREDIT CARD:  Full Payment  Monthly

MasterCard  Visa  Amex  Discover

CHECK # \_\_\_\_\_ Amount: \_\_\_\_\_

YOUR MONTHLY PAYMENT IS: \_\_\_\_\_

## PAGE MEMBERSHIP TYPES

**Professional:** All certified and professional staff in public schools and school system offices, including social workers, technology specialists, nurses and security officers. Educators from accredited private schools are also eligible for PAGE membership.

**1st-Year Professional (1-year discount):** If you were a college student/teacher candidate or a support personnel member last year, your first year of membership as a professional is ½ the normal dues. This is a one-time discount.

**Support:** Paraprofessionals, substitute teachers, bus drivers and staff (school nutrition, maintenance, school support or central office support).

**1st-Year Support (1-year discount):** If you were a college student/teacher candidate member last year, your first year of membership as support personnel is ½ the normal dues. This is a one-time discount.

**High School Education Pathway Student:** High school students in an Education Pathway course.

**Teacher Candidate/College Student:** College undergraduate or graduate students who are not already working in a school. Student members must upgrade membership to professional or support as soon as hired in a paid position by a school district. Student membership only covers field experiences assigned by your college.

**Retired Annual:** 1-year membership for retired educators.

**Retired Lifetime:** One-time payment lifetime membership for retired educators.

### Pre-K Educators / Home School Educators / Independent Contractors

Teachers and paraprofessionals at state-funded and approved public or private pre-kindergarten programs **are eligible** for PAGE membership. Educators employed by private, for-profit day-care centers; home school educators; and independent contractors **are ineligible** for membership.

## PAYROLL DEDUCTION

Most school systems throughout Georgia offer payroll deduction starting at any time of the year.

### Systems Not Offering Payroll Deduction:

Glascock County  
Jackson County  
Marietta City  
Taliaferro County

### Systems with a Deadline for Payroll Deduction:

Baldwin.....9/20  
Cartersville City.....9/15  
Coffee.....9/15  
Dooly.....10/30  
Dublin City.....9/15  
Hart.....11/30  
Jefferson City.....10/20  
Jefferson Co.....10/30

Johnson.....9/15  
Laurens.....9/15  
Lee.....10/30  
Liberty.....10/23  
Marion.....9/30  
McIntosh.....10/15  
Mitchell.....8/31

## COMMUNICATIONS

Decline informational emails from PAGE (PAGE will periodically send membership updates but will never send unsolicited email or sell your information to a third party.)

Decline PAGE One Magazine

## SUPPORTING PAGE

I would like to become active in PAGE as a:  Building Contact  System Contact

Voluntary tax-deductible contribution to the PAGE Foundation  \$100  \$50  \$25  \$10  Other \_\_\_\_\_