Allied Professional Membership Application

AET Membership Dept
262 W Main Street
Wales, WI 53183
customercare@aetonline.org / www.aetonline.org

Instructions

Please complete this (fillable) PDF application and email it with all required documents to the email address above. Approval can take from 3 to 6 weeks AFTER receipt of all documents.

Allied Professional applicants have a $35.00 application fee that is to accompany your application form. Upon approval, you will receive a dues invoice for $150.00. General and Student applicants pay the first year's dues with application form. Payment can be made by check or credit card. Complete the boxes below to provide your credit card information or mail a check made payable to AET to the office.

Please fill out the sections required and provide the office with additional documentation. You may scan and attach it to email as electronic files to customercare@aetonline.org or mail hard copies to address above.

Allied Professional Members:

- ☐ *$35.00 Application Fee* is enclosed. (Upon approval, you will receive a dues invoice for $150).
- ☐ *Applicant Contact Information and Payment Method* is complete (page 1)
- ☐ *Directory Information* is filled out (page 2)
- ☐ Attached is copy of *License* or professional verification ☐ mailed separately

How did you hear about AET? ☐ AET Member ☐ School ☐ Parent/Client ☐ AET Website ☐ Other _____

APPLICANT INFORMATION

First Name _____ Last Name _____ Middle Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Current Occupation _____ Title _____

Payment Method ☐ Online at **www**.aetonline.org ☐Check Check # _____ Amount _____

☐ Please charge my Credit Card* ☐ Visa ☐ Master Card ☐ American Express

Credit Card # _____ Expiration _____ Amount _____

Signature _____
physical signature

*Indicates acceptance of terms and conditions of transaction in absence of when document is transmitted electronically.

DIRECTORY INFORMATION:
This section for ALLIED PROFESSIONAL Members only

Your primary address will be the one used by AET for all mailings, billing and contact. If you wish to have a second address listed in the AET Directory please supply it below. Each address may have up to 3 designated codes. If you supply us with information in these fields they will be printed in the AET Directory, which is available to the public. DO NOT SUPPLY ANY INFORMATION HERE THAT YOU DO NOT WANT PUBLISHED IN THE AET DIRECTORY. If the Primary Address information is identical to that supplied on the initial page of the application and you want it published as entered there, you do not need to fill out the Primary Address information again. You may indicate the correct codes below and skip to the Secondary Address Fields. If you wish your Primary Address information to be released in an edited version, please fill in the fields below accordingly.

Codes: PP - Private Practice EdC - Educational Consultant C - Center PS - Public School PrvS - Private School RSP - Resource Specialist SDC - Special Day Class CO - College MC - Medical Center U - University TR - Travel

Primary Address: **Codes**

First Name Last Name Middle Name

Address

City State Zip Code

Phone Fax Email

Secondary Address: Codes

First Name Last Name Middle Name

Address

City State Zip Code

Phone Fax Email

Degrees:

License: Issuing organization License #

Allied Specialization:
(50 characters or less)

Ages Served: ☐ All Ages OR select as many as apply ☐ Pre School ☐ Elementary ☐ Adolescent ☐ Adult

Geographic Listing: Listing in the AET Directory is arranged by geographic area first, membership category second, and in alphabetical order third. YOUR PRIMARY ADDRESS WILL BE USED TO DETERMINE YOUR GEOGRAPHICAL LISTING.

State County Region (LA County only)

NOTE: ET/Professional, Associate ET and Allied Professional applicants MUST have their professional application completed AND approved by the Membership Committee on or before November 1 of the preceding year to be eligible for listing in the Annual Directory

SAMPLE DIRECTORY LISTING

ET/PROFESSIONAL and ASSOCIATE ET

DOE, JANE S., MA
LRW, Math, Test, Pre-S, Elem, Adol

PPH 1234 Maple Street (101) 234-5678
TR Anytown, USA 10001

PrvS Montessori School (102) 234-9876
5678 Oak Ave.
Anytown, USA 10001

ALLIED PROFESSIONAL

SMITH, JOHN S., PhD, CCC
Speech & Language Pathologist, All Ages

PP 3322 Madison Ave. (102) 987-6543
Anytown, USA 10001 Fax (102) 987-1234

PP Anytown Medical Center (102)654-2345
MC 5678 Major Blvd.
Anytown, USA 10001