COACE MEMBERSHIP FORM
2010 –2011

Vicariates outside Franklin County

PLEASE GIVE YOUR COMPLETED FORM TO YOUR BUILDING REP. BY SEPT. 15TH

Name_____
Last First Middle

Home Address: _____
Number Street City State Zip Code

Home Phone Number :_____ **Email Address:**_____

Total Yrs. Teaching_____ **Yrs. Exp. In Diocese**_____ **Yrs. In Current Building**_____

Date of Hire_____ **Total no. years as COACE member** _____

Bachelor's ☐**Yes** ☐**No** **Master's** ☐**Yes** ☐**No** **Certified/Licensed** ☐**Yes** ☐**No**

Grade level/subject(s) you teach _____

School(s) where you teach _____

ANNUAL DUES: ***(Please circle one)*** **Full-time teacher $135 Religious $67.50 Part-time Teacher $67.50**
(Includes COACE and NACST membership)

PLEASE COMMIT TO ONE OF THREE PAYMENT OPTIONS.
THIS WILL GUARANTEE FULL MEMBERSHIP BENEFITS.

_____ **Full Payment** by September 15 (Check made out to "COACE" - given to Building Rep.)

_____ **Three (3) payments** (September, October and November**) of $45, $45 and $45.**

_____ **Payroll Deduction of $7.50 per pay over 18 pays** beginning in October and ending with last pay in June.
(**Payroll Deduction of $3.75 per pay over 18 pays** for part-time or religious.)

_____ _____
Signature **Date**

If you selected Payroll Deduction, complete and sign **both** copies of Authorization below. **Do not detach**

COACE DUES DEDUCTION AUTHORIZATION **ASSOCIATION COPY**

I hereby authorize my employer to deduct periodically from my earnings the amount necessary to pay the membership dues required by COACE. The amount deducted shall be transmitted to the Association.

_____ _____
Signature **Date**

COACE DUES DEDUCTION AUTHORIZATION **EMPLOYER COPY**

I hereby authorize my employer to deduct periodically from my earnings the amount necessary to pay the membership dues required by COACE. The amount deducted shall be transmitted to the Association.

_____ _____
Signature **Date**