



Vicariates outside Franklin County

COACE MEMBERSHIP FORM 2009 -2010

**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, 2006 (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