

State

Zip

## **ASSOCIATION OF FAIRFAX PROFESSIONAL EDUCATORS**

## COMMITTED TO EXCELLENCE

Dear Fairfax County Public Schools Educator,

We invite you to join the Association of Fairfax Professional Educators. Dedicated to a philosophy of positive professionalism, we are a dynamic association of teachers, counselors, specialists, instructional aides and administrators who want our voices heard and issues addressed in a professional, practical and positive manner.



Name

Home Address

## I JOIN YOU IN YOUR COMMITMENT TO EXCELLENCE!

Employee #

City

Work Location	Title/Position
Work Phone	Home Phone
Email Address	
METHOD OF PAYMENT	
\$100 dues deduction	aken in equal increments over the length of your contract, that is \$10/
month for a 10-mont	contract. Upon receipt of this request, deduction for dues to any other
professional associat	n will terminate. Please mail to the address on the back of this form and
allow up to six weeks	or processing.
Signature	Date

If you are an AFPE member, give this page to a colleague who would like to join us.