

General – Student – Allied Professional Membership Application

AET Membership Dept
7044 S 13th Street
Oak Creek WI 53154
AET_membership@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 AET membership@aetonline.org or mail hard copies to address above.

General Members:	\$125.00 Membership dues payment is enclosed. Applicant Contact Information and Payment Method is complete (page 1)	
Student Members:	 \$50.00 Membership dues payment is enclosed, ☐ Applicant Contact Information and Payment Method is complete (page 1) ☐ Attached is proof of enrollment (student body card or course enrollment) ☐ mailed separately 	
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	
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		
☐ 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 <u>ALLIED PROFESSIONAL</u> 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	Zip Code		
Phone Fax	Email		
Secondary Address: Codes			
First Name Last Name	Middle Name		
Address			
City	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 Flamoutory:			
☐ 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 Count			
NOTE: ET/Professional, Associate ET and Allied Professional applicants MUST has Membership Committee on or before November 1 of the preceding y			
SAMPLE DIRECTORY LISTING			
ET/PROFESSIONAL and ASSOCIATE ET	ALLIED PROFESSIONAL		
DOE, JANE S., MA LRW, Math, Test, Pre-S, Elem, Adol	SMITH, JOHN S., PhD, CCC Speech & Language Pathologist, All Ages		
PPH 1234 Maple Street (101) 234-5678 TR Anytown, USA 10001	PP 3322 Madison Ave. (102) 987-6543 Anytown, USA 10001 Fax (102) 987-1234		
PrvS Montessori School (102) 234-9876 5678 Oak Ave. Anytown, USA 10001	PP Anytown Medical Center (102)654-2345 MC 5678 Major Blvd. Anytown, USA 10001		



Dear Student Member of AET,

Now that you have chosen educational therapy as a profession, we hope when you graduate you will be interested in becoming an even more committed and involved participant in AET. To that end we are seeking ways to help you **make the transition from Student to Associate Educational Therapist member**. We offer a one-time reduction in the Associate ET membership fees from \$225 to \$100 for the first year following graduation. In addition, Student Members are eligible for the early application process.

To make your transition as efficient as possible we encourage you to begin the application process while you are in your last semester or quarter. We suggest that you complete the Associate Educational Therapist membership application form, update your résumé, and collect available transcripts including evidence of the course work you are currently enrolled in. Submit these documents to AET and we will begin to process your application, putting everything in place to accept you as an Associate Educational Therapist member pending completion of your course work and delivery of final transcripts to the office. Meanwhile you will keep your student status and \$50 membership fee.

Early application and approval at the Associate ET level will allow you to begin to upgrade your membership to Educational Therapist/Professional (ET/P) immediately upon graduation, rather than waiting until your transcripts are released, often a number of months after graduation. You will then be asked to submit documentation of direct service experience so your BCET-supervised hours can be assigned. If you have a BCET you wish to work with please let us know at that time; if not, one will be suggested to you.

Move your professional membership forward as quickly as possible by taking advantage of this early application opportunity. Gain recognition as an educational therapist who is working to meet rigorous educational and training requirements. Be listed in the geographically organized membership referral directory, and continue to benefit from reduced fees for AET events and access to study groups. We look forward to receiving your Associate ET application!

Sincerely,

The AET Membership Committee