



AEL MEMBERSHIP APPLICATION

Please email to Jessica Alvear:

jalvear@aacps.org

(Please PRINT legibly, especially e-mail addresses)

DATE: ____/____/____

Dr. Ms. Mrs. Mr. _____
(First Name) (M.I.) (Last Name)

Home Street Address _____

City: _____ State: _____ ZIP: _____

Last 4 digits of your S.S. number _____

Your personal E-Mail address _____

AACPS: E-Mail _____

[Circle one): AP, Principal, Supervisor, Coordinator, Other: _____

Current Work Location: _____

Work Phone: 410 - _____

AEL (\$532.50 Effective 8/1/2021) $\$ 532.50 \div 26 = \$ 20.50$ ____

Applicant Signature: _____

Date: _____

AEL Approval: _____

Date: _____

===== Administrator Use Only=====

Payroll Deduction Database: ____/____/____

Sick Leave Bank Database: Y N ____/____/____