



Membership Application October 2009/October 2010

Art Educators of New Jersey
1317 Turner Avenue, Ocean, NJ 07712
bcalvo@aenj.org 732-774-9414

Contact Information

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

School _____ School County _____

Address _____ City _____ State _____ Zip _____

School Phone _____ School Email _____

Note: College/University Students list your current school information above.

Anticipated Year of Graduation _____

AENJ Membership Status (Check One)

- I am a Returning Member
- I am a New Member

Professional Level (Check One)

- | | |
|---|--|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Middle | <input type="checkbox"/> Higher Education |
| <input type="checkbox"/> Secondary | <input type="checkbox"/> Student |
| <input type="checkbox"/> Supervisory/Administration | <input type="checkbox"/> Museum |
| <input type="checkbox"/> Retired | <input type="checkbox"/> First Year Professional |

Membership Level (Check One)

- | | |
|---|---|
| <input type="checkbox"/> Active (\$50)
For those engaged in the teaching of art direction of art programs or in pursuits closely related to art education | <input type="checkbox"/> Student (\$10)
Full time undergraduate student not yet employed as an art educator |
| <input type="checkbox"/> First Year Professional (\$10)
Individuals who are just beginning their professional teaching career | <input type="checkbox"/> Retired (\$10)
Individuals who are retired from the art teaching profession. |

Please mail completed application with a check made out to **Art Educators of New Jersey** to the following address:
Art Educators of New Jersey, c/o Barbara Calvo, 1317 Turner Ave, Ocean, NJ 07712