



# PAGE Membership Application

for

## High School Education Pathway Students



**Please note:** This application is for high school students only. If you need an application for college student, support personnel, or professional membership, please visit [www.pageinc.org](http://www.pageinc.org).

### SCHOOL INFORMATION

School: \_\_\_\_\_  
 System: \_\_\_\_\_  
 Teacher's Name: \_\_\_\_\_  
 Teacher's Email: \_\_\_\_\_

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_  
 Home Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Birthdate\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 SS#\*: \_\_\_\_\_ Email: \_\_\_\_\_

- Teaching As a Profession Pathway Student ..... \$5.00  
 Early Childhood Care & Education Pathway Student ..... \$5.00

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

*\*Why do we need this? Your PAGE membership comes with \$1 million liability insurance plus legal services. Birthdate and social security number are needed in order to validate your policy. Your privacy is important to us, and your information will never be shared.*

### METHOD OF PAYMENT

- School Check       Personal Check  
 Credit Card (Please complete information below.)  
 MasterCard     Visa     Amex     Discover  
 Credit Card # \_\_\_\_\_  
 Exp \_\_\_\_\_ / \_\_\_\_\_ CVC \_\_\_\_\_

*Membership takes effect on the date the PAGE representative signs and dates this form below. Otherwise, membership takes effect when application is processed by PAGE. Membership is effective for one year.*

### OFFICE USE ONLY

**PAGE Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 App Date: \_\_\_\_\_ Member #: \_\_\_\_\_ Amt Pd: \_\_\_\_\_  
 Other \_\_\_\_\_ Ck #: \_\_\_\_\_ Date: \_\_\_\_\_