



Membership Application

Kentucky Association for Career and Technical Education (KACTE)
 P.O. Box 4583, Frankfort, KY 40604-4583
 502/223-1823; kmstone1951@gmail.com; <http://www.kyacte.org>

Contact Information:

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Work Phone _____

Cell Phone _____

Position Title:

- Administrator/Supervisor (A) Student (S)
 Teacher Supervisor (E) Counselor (C)
 Teacher (T) Teacher Educator (X)
 Retired (R)

Institution Type:

- Junior High/Middle School (H)
 Comprehensive High School (S)
 Secondary Vocational/Technical School (V)
 Local School System (L)
 Two Year Postsecondary Institution (J)
 Four Year College or University (C)
 Federal, State or Local Education Agency (D)

Name of Institution: _____

Division:

(First division included in membership. Additional divisions may be purchased for \$10.00 each)

- Administration (ADM)
 Agricultural Education (AGR)
 Business Education (BUS)
 Engineering & Technology Education (eTED)
 Family & Consumer Sciences Education (FAM)
 Guidance & Career Development (GUI)
 Health Science Technology Education (HEA)
 Marketing Education (MAR)
 Postsecondary Adult & Career Education (AWD)
 Trade & Industrial Education (TRA) (Construction, Media Arts Manufacturing, Transportation)
 New & Related Services (NRS) **(Check one below)**

New and Related Services

- Career Academy (T)
 Cooperative Work Experience (B)
 Integration of Academics and Career & Technical Ed. (F)
 Information Technology (S)
 Instructional Materials (C)
 International (I)
 Makers of Policy (H)
 Professional Development (D)
 Public Information (E)
 Research (G)
 ROTC (R)
 Safe Schools (P)
 Special Populations (L)
 Support Staff (J)
 Teacher Educators (O)
 Tech Prep (M)

Association Membership

Professional (\$80 ACTE, \$40 KACTE)
 Includes one division \$120

Additional Divisions (\$10 each)

Retired (\$31 ACTE, \$15 KACTE) \$ 46

Full-time Student (\$0 ACTE + \$0 KACTE) – Please use the online application form at www.acteonline.org/join_students

Total \$ _____

(Updated September 2021)

Payment Information

- Check enclosed** (*payable to KACTE*)
 Purchase Order (*Include a copy of PO*)
 Payroll Deduction (*KDE, ATC, Jessamine County*)

Credit Card: Visa Mastercard AMEX
 Discover

Card Number _____

Expiration Date _____ Security Code _____

Cardholder Name _____

Signature _____