

# PET STUDENT MEMBERSHIP







You can join by printing this form and faxing it to us at 615.778.0149, or mail it to:

Professional Educators of Tennessee  
810 Crescent Centre Drive, Suite 130  
Franklin, TN 37067

New Member       Renewal      \_\_\_\_\_ Member number if known

First Name \_\_\_\_\_  
Mid Name \_\_\_\_\_  
Last Name \_\_\_\_\_

**PET MEMBERSHIP INCLUDES:**

-  \$2,000,000 Educator Liability
-  \$35,000 Criminal Insurance
-  \$1,000 Tutoring Insurance
-  \$1,000 Term Life Insurance
-  \$10,000 AD&D Insurance
-  Special rates on Auto & Home




**HOME**

Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

***This membership includes \$75 off your first year's Professional Membership***

**COLLEGE**

College Name \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Expected Graduation Date \_\_\_\_\_  
Referred by \_\_\_\_\_

<input type="checkbox"/> PET Student Membership - \$20.00	
<input type="checkbox"/>	 MasterCard
<input type="checkbox"/>	 VISA
<input type="checkbox"/>	 Discover
Card Number	_____
Exp. Date	____ / ____
Name on card	_____
Signature	_____

Notes\*: \_\_\_\_\_

\*(Please list billing address for credit card here if different than **HOME** address listed above)