

**Arizona Partners for Abstinence Education  
P.O. Box 7567  
Tempe, Arizona 85281-0019**

**Membership Agreement**

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(E-mail is an essential form of communicating APAE business throughout the year, particularly during the legislative season.)*

**Annual Membership Options**

\_\_\_\_\_ \$100 – One agency site membership  
*(Eligible for voting and officer privileges)*

\_\_\_\_\_ \$25 – One individual or family membership  
*(Eligible for voting and officer privileges)*

\_\_\_\_\_ Support Membership *(For parents, teachers, school administrators, nurses, physicians, youth workers, clergy and others who want to show support for abstinence education)*

\_\_\_\_\_ High school student membership

\_\_\_\_\_ College student membership

**\*Please make all checks payable to the Arizona Partners for Abstinence Education (APAE).**

*Student members, please indicate the school you attend:* \_\_\_\_\_

*(Go to page two)*

Adult members, please indicate the school(s) your children attend or that you work at: \_\_\_\_\_

For all adult members, please indicate the profession that best describes you:

\_\_\_ parent                      \_\_\_ teacher                      \_\_\_ educator  
\_\_\_ physician                      \_\_\_ school administrator                      \_\_\_ other:  
\_\_\_ nurse                      \_\_\_ child advocate                      \_\_\_\_\_

***Statement of Support:*** Please attach any correspondence you have initiated on behalf of abstinence education (i.e., letters, e-mails, phone calls) OR write a brief statement below sharing your reasons for supporting abstinence education.

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***By joining Arizona Partners for Abstinence Education, I hereby commit to the mission and purpose of APAE and agree to advocate for abstinence until marriage education to the best of my ability. I further agree to allow APAE to use my name in materials indicating my support for Abstinence Education.***

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)