



ENROLLMENT FORM

Return completed form to: 400 North Third Street • PO Box 1724
Harrisburg, PA 17105-1724 • Attn: Financial Management - PPE
Learn more about PPE at www.partnersforpubliced.org

Name (please print): _____

Street Address: _____

City/State/Zip: _____

Home Email Address (Required): _____

Are you or were you previously employed in the field of education? YES NO

Signature: _____ **Date:** _____

Name (please print): _____

Street Address: _____

City/State/Zip: _____

Home Email Address (Required): _____

Are you or were you previously employed in the field of education? YES NO

Signature: _____ **Date:** _____

Name (please print): _____

Street Address: _____

City/State/Zip: _____

Home Email Address (Required): _____

Are you or were you previously employed in the field of education? YES NO

Signature: _____ **Date:** _____

Name (please print): _____

Street Address: _____

City/State/Zip: _____

Home Email Address (Required): _____

Are you or were you previously employed in the field of education? YES NO

Signature: _____ **Date:** _____

Name (please print): _____

Street Address: _____

City/State/Zip: _____

Home Email Address (Required): _____

Are you or were you previously employed in the field of education? YES NO

Signature: _____ **Date:** _____

Your email address, other than a school-employer provided email address, is required so that you may receive Partners for Public Education newsletters and communications. Your private information will not be sold, leased, rented or provided to any organization not affiliated with PSEA. To review PSEA's privacy policy, visit www.psea.org/privacypolicy.



For local association use only:

Local Association Name (please print): _____

Submitted by: _____ **Date:** __/__/__