

"David Brown, one of MACE's Network Attorneys, did a tremendous job representing me in a hearing when I was falsely accused recently. Mr. Brown represented me like he was representing someone in a murder case Attorney Brown is personable and thorough. I appreciate what all MACE has done for me!" -- Earl White (DeKalb Teacher/Coach).



Is Your Job So Secure That You Don't Need MACE?

MACE. Aggressive Representation When You Need It!

**DON'T
WAIT!**

Membership Application

Metro Association of Classroom Educators

**JOIN
TODAY!**

175 Carnegie Place, Suite 121 ■ Fayetteville, GA 30214 ■ 770-716-2727

I hereby apply for membership in the Metro Association of Classroom Educators. My Membership fees entitle me to legal defense in hearings for non-renewal, termination, suspension, or demotion; legal defense for criminal charges arising out of my duties as a classroom educator (up to the equivalent of \$10,000 attorney fees provided by staff attorney[s] and/or network attorney[s] and said attorney[s] will be determined by MACE's Legal Redress Committee); grievance preparation and representation; consultation with MACE's Executive Director and/or Staff Attorney[s] about employment matters; access to an attorney referral program which provides two free 30 minute consultations per year - six months apart - for non-employment concerns (e.g., real estate, traffic violations, personal injuries, etc.); free attendance to teachers' rights seminars and teachers' issues forums held periodically; assistance with documentation/letter writing/rebuttal writing; and free subscription to informative newsletters published periodically. MACE reserves the right to cover or not to cover employment conditions which pre-exists membership.

Photocopy or cut along dotted line.

Name _____ Date _____

Signature _____ Referred To MACE By Whom? _____
(The person who encouraged you to join)

Address _____

City _____ State _____ Zip _____

School _____ System _____

Home Phone Number _____ Email _____

Are you a tenured teacher? ___ Yes ___ No

BANK DRAFT AUTHORIZATION

To: _____
(Name of your Bank) (City/State)

I hereby request that, as a convenience to me, you (bank) honor drafts from my account. I agree that your rights in respect to each draft shall the same as if it were a check drawn on you and signed by me. You shall deduct from my designated account and pay each month the amount designated below to the Metro Association of Classroom Educators. This authority shall remain with you until such time as you receive from me a written notification of revocation in such time and manner as to afford you a reasonable opportunity to act on it. I understand that my checking account will be charged the monthly payment designated below on the 8th of each month and that membership fees are continuous. Failure to pay the monthly membership will result in a loss of services and benefits.

Name _____ Signature _____

Checking Account No. _____ Routing No. _____

Date _____ Monthly Payment Amount \$ 44.00 Draft Starting Date _____ / 8th / _____

*(Attach a check for \$44.00 to this form. The application **must** be accompanied with a bank draft authorization. Or, you can pay \$528.00 for an annual membership.)*

MACE. Can You Really Afford To Teach Without It?