

**REQUEST FOR PAYMENT OF PROFESSIONAL DUES**  
**ALPINE SCHOOL DISTRICT**

Instructor \_\_\_\_\_

School \_\_\_\_\_

CTE Program Area (FACS, Business, T & I, etc.) \_\_\_\_\_

Date \_\_\_\_\_

Request for payment of professional dues is hereby submitted according to provisions of Department Standard CTE-010.

***Qualifying Standard:***

- \_\_\_\_\_ 1. Chapter Advisor of Recognized CTSO
- \_\_\_\_\_ 2. State Officer of UACTE/UACTE Division
- \_\_\_\_\_ 3. Professional Involvement (Must have attended two different consecutive conferences within twelve months)
  - \_\_\_\_\_ UACTE Winter Conference (Or other pre-approved conference)  
Date of conference \_\_\_\_\_
  - \_\_\_\_\_ USOE Summer CTE Conference  
Date of conference \_\_\_\_\_
- \_\_\_\_\_ 4. New CTE Instructor

Renewing members, include ACTE Membership Number \_\_\_\_\_

Preferred Mailing Address (Home or Work) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ School Phone Number \_\_\_\_\_

FAX Number \_\_\_\_\_ E-mail \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Principal or CTE Coordinator