

NAME:

EDUCATIONAL OFFICE PROFESSIONALS OF OHIO MEMBERSHIP APPLICATION

Last				First		
PREFERRED MAILING	G ADDRESS:					
City			State		Zip + 4	
SCHOOL/DISTRICT N	IAME:					
COUNTY:			POSITION/TI	ΓLE:		
PREFERRED CONTAC	CT NUMBER:					
PREFERRED EMAIL A	DDRESS:					
BIRTH DATE:	Month:		Day:			
heard about EOPO	through					
CEOE Designation?	YES	NO		PSP Certification?	YES	NO
Would you like to re	ceive inform	ation about NA	AEOP? (Website: <u>www</u>	.naeop.org)	YES	NO
Membership is one f	full year afte	r funds and app	olication are received.	Please check the app	ropriate me	embership.
or in organizations re	is open to an elated to edu d office, serv	y educational oucation, upon per on committee	I) office employees in bo payment of the annual es, and participate in o	membership dues. A	ctive memb	ers shall be
Associate Membershadvancing the purpo	nip shall be o se of the ass of active me	pen to persons ociation and w	s who are not eligible the have paid annual details that of voting and hold	lues. Associate memb		
Retired Membership Association and who	shall be ope has paid the	e annual dues.	d educational office en Retired members sha eceive twenty-five per	ll have all the privilege	es of active	members exce

Make check payable to Educational Office Professionals of Ohio (E.O.P.O.), mail both check and application to: *Jeanette Jordan, Treasurer - 825 Waycross Road, Cincinnati, OH 45240.* If you have any questions please contact Jeanette at: *PH: 513.619.2311* OR *EMAIL: Jordan.jeanette@wintonwoods.org*