

NAME:

## **EDUCATIONAL OFFICE PROFESSIONALS OF OHIO MEMBERSHIP APPLICATION**

Last		First		MI
PREFERRED MAILING ADDRES.	S:			
City	State		Zip + 4	
SCHOOL/DISTRICT NAME:				
COUNTY:	POSITION	I/TITLE:		
PREFERRED CONTACT NUMBE	:R:			
PREFERRED EMAIL ADDRESS:				
BIRTH DATE: Month:	Day:			
I heard about EOPO through				
CEOE Designation? YES	NO	PSP Certification?	YES	NO
Would you like to receive info	rmation about NAEOP? (Website: w	ww.naeop.org)	YES	NO
Membership is one full year a	fter funds and application are receiv	red. Please check the app	ropriate mer	mbership.
Active Membership is open to or in organizations related to dentitled to vote, hold office, so Associate Member - \$20 Associate Membership shall b	(New or Renewal) – \$1.00 convenies any educational office employees in education, upon payment of the annerve on committees, and participate 0.00 (\$1.00 convenience fee added for e open to persons who are not eligible association and who have paid annur	n both private and public nual membership dues. An in discussions at the mee for credit card payments) ole to be active members,	educational ctive member ting of the A	systems in Ohio, ers shall be Association. e interested in
	members except that of voting and		crs snan nav	e un tric
Retired Membership shall be of Association and who has paid	open to any retired educational office the annual dues. Retired members and member shall receive twenty-five	shall have all the privilege	es of active r	members except
Past President of Ohio (				
	pership shall be open to any POPs ed paid the annual dues. POP members			

Make check payable to Educational Office Professionals of Ohio (E.O.P.O.), mail both check and application to: Evelyn Urbin, 172 Fredericksburg Dr., Avon Lake, OH 44012. If you have any questions please contact Evelyn at: evelynurbin@gmail.com

that of holding office.