

IAEOP MEMBERSHIP APPLICATION
JULY 1, 20__ through JUNE 30, 20__

Miss, Ms,
Mrs. Mr. _____

Last Name

First

Middle

DIRECT MAIL TO: (Check one)

Name of School

Address

City/Zip

Home Address

City/Zip

Telephone: School _____ Recruited by _____

Home _____ E-mail (optional) _____

_____ I would like to receive the newsletter by email. (Please check, and include e-mail address)

Member of local association Yes ___ No ___ If yes, name of local association _____

Member of NAEOP Yes ___ No ___ _____

Your office: Administration ___ High School ___ Regional Office ___
 Elementary ___ High Education ___ State Dept. ___
 Junior High ___ Special Education ___ Other (Specify) ___

New Active Membership – Annual	\$	20.00
Renewal Active Membership – Annual		20.00
Retired Membership – Annual		10.00
Associate Membership – Annual		20.00
Active Life Membership		240.00
Retired Life Membership		120.00

PLEASE MAKE CHECK PAYABLE TO IAEOP & SEND WITH APPLICATION TO:

Cathy Orseske, Membership Chairman

P.O. Box 395

Somonauk, IL 60552

(Check on) New Renewal

Questions: Call 630-466-2498

Email: corseske@waubonsee.edu

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NATIONAL ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS
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Illinois Principals Association
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