



MEMBERSHIP/RENEWAL APPLICATION

Membership Year: January 1 to December 31

Make checks payable to: New York State Association of Educational Office Professionals (NYSAEOP)

Mail to: **Elizabeth Vazquez, CEOE**
36 Spartan Drive
Rochester, NY 14609

() \$25-Active Member () \$25-Associate Member () \$15-Retired Member

Dues Year _____

Please Check: (Renewal ____ New Member ____)

Name: _____ C.E.O.E.? [] (✓ if Yes)

School District _____ Bldg: _____
(If retired, please indicate district retired from)

Position: _____ Address Change? ____ Y ____ N

School Address: _____
Street City State Zip

County of Employment: _____ Email Address: _____

Home Address: _____
Street City State Zip

↑ *If you have a seasonal address please indicate that here.* ↑

Phone: (w) _____ (fax) _____ (home or cell) _____

Referred by: _____

Names of other professional associations to which you belong: _____

Note: Mail will be sent to your email address unless you specify differently.