



MEMBERSHIP/RENEWAL APPLICATION
Membership Year: January 1 to December 31-2021

Checks payable to: *New York State Association of Educational Office Professionals (NYSAEOP)*

Mail to: **Karen Welch**

8466 County Route 113

Hammondsport NY 14840

Please note we have a new treasurer and please check all that apply

\$25-Active Member \$25-Associate Member \$15-Retired Member
Dues Year _____ Please Check: Renewal New Member

Name: _____ C.E.O.E

Email Address: _____

Title/Job Duties: _____

Certification: Civil Service Exam Licensing _____

County of Employment: _____ District Name: _____

School Name: _____

School Name and Address: _____

Home Address: _____

Street City State Zip: _____

Address Change? Yes No

If you have a seasonal address please indicate that here: _____

Phone: (w) _____ (fax) _____ home 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.