

# 2022 MEMBERSHIP/RENEWAL APPLICATION

## Membership Year: January 1 to December 31, 2022



Checks payable to:

*New York State Association of Educational Office Professionals (NYSAEOP)*

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

Mail to:

**Karen Welch, 8466 County Route 113, Hammondsport NY 14840**

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

- |  |                                  |                                     |
|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> \$25 - Active Member    | <input type="checkbox"/> Renewal | <input type="checkbox"/> New Member |
| <input type="checkbox"/> \$25 - Associate Member | <input type="checkbox"/> Renewal | <input type="checkbox"/> New Member |
| <input type="checkbox"/> \$15 - Retired Member   | <input type="checkbox"/> Renewal | <input type="checkbox"/> New Member |

<b>Membership/Treasurer Space</b>
Check # _____
Received date _____

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Please print

**We will be providing a directory that will include members names, Email address, school name (if applicable) and member status. If you do not wish to be in the directory please check here.**

Address Change?  Yes  No

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you have a seasonal address please indicate that here: \_\_\_\_\_

Phone: home \_\_\_\_\_ cell \_\_\_\_\_

work \_\_\_\_\_ fax \_\_\_\_\_

Certification:  C.E.O.E  Civil Service Exam  Licensing: \_\_\_\_\_

Employment Title: \_\_\_\_\_

County of Employment: \_\_\_\_\_

District Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Referred by \_\_\_\_\_

Names of other professional associations to which you belong: \_\_\_\_\_