

2024 MEMBERSHIP/RENEWAL APPLICATION

Membership Year: January 1 to December 31, 2024

Checks payable to:

New York State Association of Educational Office Professionals (NYSAEOP)



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

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

Donation to NYSAEOP included with membership: _____

First Name: _____ Last Name: _____

Email Address: _____

Please print

**** Correspondence will be sent to your email address unless you specify differently**

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: home _____ cell _____ work _____

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: _____

Membership/Treasurer Use only:

Membership Received date _____ Membership Donation _____ Check # _____

Board Membership (Lname) _____