

# 2026 MEMBERSHIP/RENEWAL APPLICATION



Membership Year: January 1 to December 31, 2026

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

Mail to: APW Central School District  
ATTN: Stacey Mailloux, District Office  
639 County Route 22  
PO Box 97  
Parish, NY 13131

- |   |                                  |                              |
|---|----------------------------------|------------------------------|
| <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:  CEOE  CESE  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) \_\_\_\_\_