

National Association of Educational Office Professionals Membership Form

Membership Application Continuous Membership (12 full months)

Membership Type:

- ☐ Active - \$50 New Membership
☐ Active- \$50 Renewal Membership- Membership Number: _____
☐ Retired - \$30 ☐ Associate - \$50 ☐ Institutional - \$85 ☐ Corporate - \$60
☐ Yes, I wish to receive email renewal notices ☐ No, I do not wish to receive email renewal notices

Magazine Only Subscription:

- ☐ Magazine Annual Subscription - \$30 ☐ Magazine Annual Subscription (Retired Member) - \$15

- All fees must be paid in US Dollars.
- Outside of US special postage and handling charges apply. Please add an additional \$15.
- Active membership fees include 3 online issues of the association magazine and 1 issue (Winter issue) in print. If you wish to receive all 4 issues in print, you will need to request an annual magazine subscription in addition to your annual membership.
- Dues are not deductible as a charitable contribution for income tax purposes.

Membership Information:

- ☐ Elementary ☐ Middle School/Junior High ☐ Secondary/High School
☐ Higher Education ☐ State Department ☐ Administrative
☐ Career & Technical Education ☐ Retired ☐ Other (please name): _____

Name:			
Home Address:	City:	State:	Zip:
Home Phone:	Office Phone:	Ext.:	
Fax:	Email:		
Office Building:	Position:		
Office Address:			
City:	State:	Zip:	

For Informational Purposes Only:

Age group:	<input type="checkbox"/> 20-30	<input type="checkbox"/> 31-40	<input type="checkbox"/> 41-50	<input type="checkbox"/> 50-60	<input type="checkbox"/> 60+	<input type="checkbox"/> Prefer not to answer
Recruited by (Name):						
How did you hear about NAEOP?	<input type="checkbox"/> Colleague	<input type="checkbox"/> Sponsor/Vendor	<input type="checkbox"/> Employer/Administrator			
	<input type="checkbox"/> Website	<input type="checkbox"/> NES Connector	<input type="checkbox"/> NAEOP Event			
I would like to receive information on NAEOP Sampling Programs:						<input type="checkbox"/> Yes <input type="checkbox"/> No

Payment:

Method of Payment:	<input type="checkbox"/> Check
<input type="checkbox"/> *MasterCard <input type="checkbox"/> *Visa <input type="checkbox"/> *Discover <input type="checkbox"/> *American Express (*\$5.00 convenience fee applies)	
Cardholder's Name:	
Card Number:	Expiration Date:
Signature:	Security Code:

Mail or Fax completed form to:
NAEOP Attn: Membership
PO Box 12619
Wichita, KS 67277-2619
Fax: 316-942-7100