



## Washington Association of Educational Office Professionals Membership Application

Renew your WAEOP membership or join as a new member today. Mail completed registration form and dues to:

Lori Palombo, CEOE  
WAEOP Membership Chair  
7431 51st Avenue NE  
Marysville, WA 98270

Print Name \_\_\_\_\_

Are you a member of NAEOP? ☐ Yes ☐ No

Address \_\_\_\_\_

Do you have your CEOE? ☐ Yes ☐ No

City \_\_\_\_\_ Zip code \_\_\_\_\_

E-mail address \_\_\_\_\_

In which WAEOP Area do you work? \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_

School district \_\_\_\_\_

Building/Department \_\_\_\_\_

Please check one: ☐ Administration ☐ Elementary ☐ Higher Education ☐ High School ☐ Middle/Junior High  
☐ State Department ☐ Vocational ☐ Retired ☐ Other \_\_\_\_\_

**Check one** membership classification: ☐ New—\$35 ☐ Renewal—\$35 ☐ Retired—\$5 ☐ Associate—\$10 ☐ Student—\$5

Enclose your check or money order (payable to WAEOP), or your credit card information, and mail your membership form today!

You may also pay WAEOP dues online (at [www.waeop.org](http://www.waeop.org)) by using **PayPal**. If you pay online, **be sure you complete this form, mail it to the membership chair, and indicate you have used PayPal to join or renew.**

**\*\*Please note, starting on July 1<sup>st</sup>, 2014, there will be a processing fee of \$1.50 applied to each electronic transaction (credit card and Pay Pal transactions).**

Method of Payment – please select one and fill in the information:

☐ Check (payable to WAEOP) \$ \_\_\_\_\_

☐ I paid online with PayPal (Submit this form to membership chair) \$ \_\_\_\_\_ + \$1.50 processing fee after July 1<sup>st</sup>, 2014.

☐ Credit card \$ \_\_\_\_\_ + \$1.50 processing fee after July 1<sup>st</sup>, 2014

Charge my ☐ Visa –or– ☐ MasterCard Cardholder's Name: \_\_\_\_\_

Card # \_\_\_\_\_ Card Expiration: (mm/yy): \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ (Print Name: \_\_\_\_\_)

Your membership is continuous for 12 full months and includes a one-year subscription to the *WAEOP News*. Check to indicate whether you prefer to receive your newsletter ☐ by mail or ☐ electronically (on the WAEOP website through member-only access).

Do you prefer to have your picture excluded from *WAEOP News* articles, the website, and other media presentation? ☐ Yes ☐ No

Do you prefer to have your name excluded from *WAEOP News* articles, the website, and other media presentation? ☐ Yes ☐ No

If you do not have a Professional Standards Program certificate, are you interested in having someone contact you regarding PSP?

☐ Yes ☐ No