

Kern Association of Educational Office Professionals

MEMBERSHIP APPLICATION

January 1 - December 31



Date: _____

Membership Year: _____

Last Name First Name M.I.

Home Address City State Zip

Work Phone: (____) _____ Home Phone: (____) _____ Fax: (____) _____

E-Mail Address: _____ Birthday: _____
(Month/Day)

Position: _____

District: _____ School/Office: _____

District/School Address: _____
Street Address/Dept./Room City State Zip

New Active Membership \$20.00 _____

Regular Active Renewal \$20.00 _____

Retired Renewal \$10.00 _____

Are you a member of CAEOP (State)? [] Yes [] No

If no, would you like membership information sent to you? [] Yes [] No

Are you a member of NAEOP (National)? [] Yes [] No

Would you be interested in serving on a committee or helping with a KAEOP event? [] Yes [] No

Referred by: _____

Please make your check payable to KAEOP and mail to:

KAEOP Membership
P. O. Box 42844
Bakersfield, CA 93384

