CAEOP
Established 1950
www.caeop.org

California Association of Educational Office Professionals

2009-10 MEMBERSHIP APPLICATION

April 1, 2009—March 31, 2010

Date: _____

_____

Last Name First Name M.I.

_____

Home Address City Zip

Work Phone: _____ Home Phone: _____ Fax: _____

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

Position: _____

District: _____ School/Office: _____

District/School Address: _____

Street & # City Zip

Type of Membership:							
	[ ]	Active, New	$40,00	[ ]	Active, Renewal	$ 40.00
	[ ]	Retired, New	$20.00	[ ]	Associate	$ 50.00

Are you a member of a local affiliate)? [ ] Yes [ ] No If Yes, which one? _____

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

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

Referred by: _____

Please make your check payable to CAEOP and mail to:

Kathy Ramos Vice Pres., Membership
CAEOP
105 Suzanne Street
Bakersfield, CA 93309
Telephone: (661) 861-5230
Email: karamos@kern.org