

VAEOP MEMBERSHIP FORM

Membership Year: October 1, 2011 – September 30, 2012

_____ New Member (\$20.00)

_____ Renewal (\$20.00)

_____ Elementary School

_____ Secondary School

_____ High Education

_____ Administration/Business

_____ Special Services/Guidance

_____ Department of Ed.

_____ Vocational/Technical Education

_____ Other: _____

Name: _____

Home Mailing Address: _____

Work Location/School Name: _____

Work Mailing Address: _____

E-Mail: _____ Work Phone: _____

I prefer to receive mailings at: _____ Home _____ Work

Return this form with check payable to VAEOP to:

Brenda Blodgett
VAEOP Vice President
River Valley Technical Center
307 South St.
Springfield, VT 05156



NATIONAL ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

P.O. Box 12619 • Wichita, KS 67277-2619 • 316/942-46822 • FAX 316/942-7100

www.naeop.org

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|---|-------------------------------------|
| ★ New | ★ Renewal |
| ★ Active Membership \$45 | ★ Institutional Membership \$80 |
| ★ Retired Membership \$25 | ★ Corporate Membership \$55 |
| ★ Associate Membership \$45 | ★ Magazine Annual Subscription \$25 |
| ★ Magazine Annual Subscription (Retired) \$10 | |

Membership Application
Continuous Membership
(12 full months)

All fees must be paid in U.S dollars

Dues are not deductible as a
charitable contribution for
income tax purposes.

Name: _____

Home Phone: _____ Office Phone: _____

Address: _____

City: _____ State _____ Zip: _____

Fax: _____ E-mail: _____

Recruited by (Name): Glory Martin, President, Vermont AEOP

★ Check Enclosed ★ VISA ★ MasterCard
Card Number _____ Expiration _____
Signature _____



- ★ Elementary
- ★ Middle School/ Jr. High
- ★ Secondary
- ★ High Education
- ★ State Department
- ★ Administration
- ★ Career & Technical Ed.
- ★ Retired
- ★ Other (Specify): _____