

IAEOP MEMBERSHIP FORM

SCHOOL YEAR _____

NAME _____

(Please print)

MAILING ADDRESS _____

HOME PHONE _____

BUILDING/DEPARTMENT _____

EXTENSION # _____

Work E-Mail Address _____@idschools.org

PSP Certificate Yes _____ No _____

MAEOP Member Yes _____ No _____ NAEOP Member Yes _____ No _____

DUES - \$5.00 Cash _____ Check # _____

PLEASE CONSIDER LENDING YOUR EXPERTISE TO ONE OF THE FOLLOWING COMMITTEES:

*AUDIT _____

*BUDGET/FINANCE _____

*BY-LAWS _____

*HISTORIAN _____

*NOMINATING _____

*PROFESSIONAL DEVELOPMENT _____

*PROFESSIONAL STANDARDS (PSP) _____

*SCHOLARSHIP _____

Please return this form with your \$5.00 membership fee to: Current Treasurer

If paying by check please make it payable to IAEOP