

NORTH CAROLINA ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS, INC.

NCAEOP membership year is May 1 through April 30.

Dues are payable at conference, or anytime thereafter during the membership year.

Name \_\_\_\_\_  
Last First Middle

Payment for 20 - 20 NCAEOP Year

Address \_\_\_\_\_  
Street, Apt. #, PO Box

\_\_\_\_\_ School System

City State Zip

Membership Number (last four digits of SS number

E-Mail Address \_\_\_\_\_

Do you have Internet access? \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_

Work \_\_\_\_\_

For Institutional Associate Members ONLY: Name of Institution \_\_\_\_\_

Attach a LIST of administrators, including address, phone #, and last four digits of SS #

CHECK ONE  
\_\_\_\_ New  
\_\_\_\_ Renewal

CHECK ONE  
\_\_\_\_ Active \$35.00  
\_\_\_\_ Associate \$35.00  
\_\_\_\_ Institutional \$35/each  
\_\_\_\_ Retired \$17.50

If NEW member, recruited by:  
\_\_\_\_\_

- NOTES: Deadline for continued insurance coverage is October 31  
 Deadline to pay dues for PSP is December 1  
 Deadline to pay dues to receive conference newsletter with ballots is December 1  
 Deadline for renewing members to avoid \$10.00 late fee is January 1  
 Deadline to pay dues in any year is April 30  
 Members are required to pay penalty when checks are returned for Non Sufficient Funds

By my signature below, I agree that any NCAEOP publications and/or forms that are developed by me or from any NCAEOP committee on which I serve, will become the property of NCAEOP, INC. The above information may be distributed to the NCAEOP Board of Directors, Membership Committee, Webmaster, and other appropriate individuals.

Signature \_\_\_\_\_ District # \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

Be sure you have completed the ENTIRE form. Please DO NOT send cash and please DO NOT staple check to form.  
Make check payable to NCAEOP and mail to JEAN WATERS, PO Box 37, PINETOWN, NC 27865