NEBRASKA EDUCATIONAL OFFICE PROFESSIONALS ASSOCIATION

MEMBERSHIP FORM
July 1, 2008 – June 30, 2009

Type of Membership: ☐ Renewal: member number_____
☐ New: recruited by_____

Classification: ☐ Active $15.00 ☐ Associate $15.00 ☐ Retired $10.00

PERSONAL DATA

Name PSP Level

Street Address

City State Zip Code

Home Telephone Birthday (Month/Day)

E-mail Address

EMPLOYMENT DATA

Educational Institution

School/Department/Box # Office Telephone

Street Address

City State Zip Code

Name of Supervisor and Telephone

LOCAL

☐ I am a member of a local association:_____

NATIONAL

☐ I am a member of the National Association of Educational Office Professional (NAEOP)

I would like more information regarding:
☐ National association (NAEOP)
☐ Professional Standards Program (PSP) certification

STATE

I'm interested in working with the following NEOPA committee(s):

☐ Finance	☐ Field Service	☐ Awards	☐ Bylaws
☐ Nominating	☐ PSP	☐ NAEOP Liaison	☐ Newsletter
☐ Ways & Means	☐ Membership	☐ Publicity	☐ Scholarship
☐ Information/Technology		☐ No preference, will help anywhere	

Make check payable to **NEOPA** and mail with membership form to:
NEOPA Membership Director
P.O. Box 83872
Lincoln, NE 68501-3872

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Check Number