

Membership Application

Send this form if you are NOT going to attend the 2009 Annual Conference

Annual Dues Active/Associate \$25.00 Retired \$12.50	Type of Membership: Active _____ New _____ Retired _____	Membership: Renewal _____ Associate _____	Amount enclosed: _____
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Name _____ Position/Title _____

Home Address _____

Home Phone _____ Home E-mail Address _____

School District name & number _____ County _____

School/Office _____ Phone _____ FAX _____

School/Office Address _____

Work E-mail Address _____ Local Association Member: Yes _____ No _____

Name of Association _____ NAEOP Member: Yes _____ No _____ NAEOP Member Expiration Date _____

PSP Certificate: Yes _____ No _____ Level _____ CEOE: Yes _____ No _____

Has above information changed since last year's conference: Yes _____ No _____

If you **cannot attend** the conference but wish to renew your membership only, please send this portion of form, **along with the appropriate dues**, to the IAEOP Treasurer: Helen Gochnour, 246 W. 100 S, Burley, ID 83318