

LLAEOP 2016-2017 MEMBERSHIP FORM

District Name:

Position/Title:

Member Name:

Home Address:

City:

State:

ZIP Code:

E-mail Address:

Home Phone:

Birthday (Month & Day Only):

Work Phone:

Do you want your information shared with the cheer chair? Yes No

Do you want your information shared with members for networking purposes? Yes No

**Your name, position/title, school entity, workplace type and email address will be shared with members only.*

MEMBER TYPE

WORKPLACE TYPE

- New Member
- Renewal
- Retiree (*No Dues*)
- Associate (*Not current employee*)

- Elementary
- Secondary
- Business Office
- District Office
- Transportation
- Career & Tech Center
- Intermediate Unit
- Post-Secondary
- Private/Charter
- Other _____

How long have you...

Have you...

been a member of LLAEOP?

Earned a Professional Standards Program Certificate?

been a member of PAEOP?

Earned the distinction of CEOE?

been a member of NAEOP?

(*Certified Educational Office Employee*)

PLEASE RETURN THIS MEMBERSHIP FORM ALONG WITH MEMBERSHIP FEE OF \$12.00 TO YOUR KEY PERSON BY OCTOBER 7, 2016

DATES TO REMEMBER

Wednesday, October 12, 2016	Conestoga Valley School District	Accounting Beyond Borders
Thursday, December 1, 2016	Eastern Lebanon County School District	Christmas
Wednesday, February 15, 2017	Warwick School District	Raffle Night/ Special Olympics
Wednesday, March 29, 2017	Eden Resort	Boss's Night
Wednesday, April 19, 2017	School District of Lancaster	WGAL Personality
Wednesday, June 14, 2017	Lititz Springs Park	Picnic

THROUGH YOUR EXAMPLE, SHINE A LIGHT