

**LANCASTER LEBANON ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS**

**LLAEOP 2018-2019 MEMBERSHIP FORM**

District Name:

Keyperson:

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. This information will be used for connecting our members and our sharing knowledge feature in the newsletter.*

**MEMBER TYPE**

New Member

Renewal

Retiree (*No Dues*)

Associate  
(*Not current employee*)

**WORKPLACE TYPE** (*Select all that apply*)

Elementary

Secondary

Business Office

District Office

Human Resources

Technology

Transportation

Special Education

Career & Tech Ctr.

Intermediate Unit

Post-Secondary

Private/Charter

Food Service

Guidance

Superintendent's Off

Asst. Super Off.

Principal Office

Athletics

Other  
\_\_\_\_\_

Other  
\_\_\_\_\_

**JOB TYPE** (*Select all that apply*)

Admin Asst.

Executive Asst.

Accounts Receivable

Accounts Payable

Office Manager

Receptionist

Office Assistant

Payroll/Benefits

Manager

Office Clerk

Secretary

Office Aide

Nurse Assistant

Home School

PIMS Reporter

Attendance Officer

Accounting Clerk

**MEMBER TYPE**

Other  
\_\_\_\_\_

Other  
\_\_\_\_\_

**MEMBERSHIP PAYMENT**

**MEMBERSHIP DUES PAID BY DISTRICT** (Your District will be invoiced for your membership fee)

**MEMBERSHIP DUES PAID BY INDIVIDUAL** (Please return this membership form along with membership fee of \$14.00 to your Key Person by, MONDAY, OCTOBER 1, 2018)