

LANCASTER LEBANON ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

LLAEOP 2019-2020 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

<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal	<input type="checkbox"/> Retiree (<i>No Dues</i>)	<input type="checkbox"/> Associate <i>(Not current employee)</i>
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WORKPLACE TYPE *(Select all that apply)*

<input type="checkbox"/> Elementary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Business Office	<input type="checkbox"/> District Office
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Technology	<input type="checkbox"/> Transportation	<input type="checkbox"/> Special Education
<input type="checkbox"/> Career & Tech Ctr.	<input type="checkbox"/> Intermediate Unit	<input type="checkbox"/> Post-Secondary	<input type="checkbox"/> Private/Charter
<input type="checkbox"/> Food Service	<input type="checkbox"/> Guidance	<input type="checkbox"/> Superintendent's Off	<input type="checkbox"/> Asst. Super Off.
<input type="checkbox"/> Principal Office	<input type="checkbox"/> Athletics	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

JOB TYPE *(Select all that apply)*

<input type="checkbox"/> Admin Asst.	<input type="checkbox"/> Executive Asst.	<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Accounts Payable
<input type="checkbox"/> Office Manager	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Office Assistant	<input type="checkbox"/> Payroll/Benefits
<input type="checkbox"/> Manager	<input type="checkbox"/> Office Clerk	<input type="checkbox"/> Secretary	<input type="checkbox"/> Office Aide
<input type="checkbox"/> Nurse Assistant	<input type="checkbox"/> Home School	<input type="checkbox"/> PIMS Reporter	<input type="checkbox"/> Attendance Officer
<input type="checkbox"/> Accounting Clerk	MEMBER TYPE	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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, FRIDAY, OCTOBER 4, 2019)