

**South Carolina Association of Educational Office Professionals
Membership Application**

New Member Renewal Member # _____
Name: _____ ID (Last 4 of SSN): _____ Date of Birth: _____
Home Address: _____
Personal E-Mail Address: _____
Home Telephone Number: _____ Mobile Telephone Number: _____
Beneficiary for Group Term Life Insurance: _____
Relationship: _____

Name of School/Office: _____
Work Address: _____
Work Email Address: _____
Work Telephone: _____ Extension (if applicable) _____
Position: _____
County: _____ School District: _____

Membership Status: _____ Membership Expiration Date: _____
Date Joined/Rejoined: _____ Email address preferred: HOME WORK

Are you interested in serving as a state officer or a district director? YES NO

Are you interested in serving on a committee? YES NO

Are you a member of a local, district or county association? YES NO

If yes, name of association: _____

Are you a member of NAEOP? YES NO

If yes, please list the number of years you have been a member _____

Are you enrolled in the NAEOP Professional Standards Program? YES NO

If so, please check the level at which you are enrolled. Option I Option II

If certificate has been obtained, which certificate level did you receive? _____

What year did you receive your PSP certificate? _____

Have you received your CEOE distinction? YES NO What year did you obtain CEOE? _____

Active Membership Dues: \$30.00 per year
Associate Membership Dues: \$30.00 per year
Retired Membership Dues: \$15.00 per year
Membership Pins: \$ 5.00

Please make check payable to **SCAEOP** and mail to

SCAEOP Membership Recorder
4611 Hardscrabble Road
Suite 109, PMB-3
Columbia, SC 29229
864-310-3158 (mobile)
864-355-1571 (work)
E-mail: scaeopmembership@gmail.com

For Official Use Only Date Received: _____ Type: : _____ Check #: _____ Amount: _____ Exp. Date: _____ Receipt #: _____ Posted: _____
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Recruited by: _____