



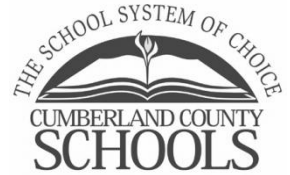
CUMBERLAND COUNTY CHAPTER
OF THE NC ASSOCIATION OF
EDUCATIONAL OFFICE PROFESSIONALS

Local Chapter Membership

May 1 – April 30

Dues: \$10.00

After December 1 there will be a \$5 late fee



CCC-NCAEOP Membership Year ____ - ____ Membership Number (last 4 of social): _____

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____ City: _____ State: _____ Zip: _____

School or Department: _____ Location: _____

Work Phone: _____ E-mail: _____

Title: _____ Is your supervisor a member? Yes: No:

Type of membership: Active: Associate: *Retiree: Year you Joined NCAEOP: _____

**Membership fee has been waived for former active or associate members who have retired.*

New Members: Who recruited you to join CCC-NCAEOP? _____

Are you a member of State (NCAEOP – District 9) Yes: No: National (NAEOP) Yes: No:

Would you consider serving on a committee or special project? Yes: No:

Current committees: Audit, Awards, Constitution & By-Laws, Finance, Hospitality, Legislation, Membership, Nominations, Publicity, Scholarships, Ways & Means, Special Events (Administrators' Banquet/Holly Day Workshop)

I need help obtaining or renewing my Professional Standards Program (PSP) certificate. Yes:

Suggestions or ideas you would like the local association to consider:

By my signature below, I agree that any CCC-NCAEOP publication, form and/or Webpage developed by me or from any committee on which I serve, will become the sole property of CCC-NCAEOP. I also agree that the above information can be shared with the local, district and/or state association officers, directors, Web Master, and/or other appropriate association committee.

Member Signature

Date

Please make checks payable to: CCC-NCAEOP

CCS Vendor Number: 217042

Send via courier to CCC-NCAEOP Treasurer

Linda Hannans

Auxiliary Services – Central Services Building

*For upcoming events, activities and additional information,
visit the CCC-NCAEOP Website at ccc.ncaeop.org.*