

NORTH CAROLINA ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS, INC.

NCAEOP membership year is May 1 through April 30.

Dues are payable at conference, or anytime thereafter during the membership year.

Name \_\_\_\_\_  
Last First Middle

Payment for 20\_\_ - 20\_\_ NCAEOP Year

Address \_\_\_\_\_  
Street, Apt. #, PO Box

\_\_\_\_\_ School System

City State Zip

Membership Number (last four digits of SS number

E-Mail Address \_\_\_\_\_

Do you have Internet access? \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_

Work \_\_\_\_\_

CHECK ONE

CHECK ONE

\_\_\_\_ New  
\_\_\_\_ Renewal

\_\_\_\_ Active \$35.00  
\_\_\_\_ Associate \$35.00  
\_\_\_\_ Retired \$17.50

If NEW member, recruited by:

\_\_\_\_\_

- NOTES: Deadline for continued insurance coverage is postmarked by October 31  
 Deadline to pay dues for PSP is postmarked by December 1  
 Deadline to pay dues to receive conference newsletter with ballots is postmarked by December 1  
 Deadline for renewing members to avoid \$10.00 late fee is postmarked by January 1  
 Deadline to pay dues in any year is postmarked by April 30  
 Members are required to pay penalty when checks are returned for Non-Sufficient Funds

By my signature below, I agree that any NCAEOP publications and/or forms that are developed by me or from any NCAEOP committee on which I serve, will become the property of NCAEOP, INC. The above information may be distributed to the NCAEOP Board of Directors, Membership Committee, Webmaster, and other appropriate individuals.  
 It is the responsibility of each member to inform the Membership Recorder ([membership@ncaeop.net](mailto:membership@ncaeop.net)) of any changes in your name, email or mailing address if it changes during the current year of membership.  
 Lack of notification may result in not receiving association information.

Signature \_\_\_\_\_ District # \_\_\_\_\_ County/Local Unit \_\_\_\_\_

Date \_\_\_\_\_

Be sure you have completed the ENTIRE form, and signed it.  
 Please DO NOT change format or size of this form. This is the official form approved by the State Board of Directors.  
 Please DO NOT send cash and please DO NOT staple check to form.  
 Make check payable to NCAEOP and mail to NCAEOP, 2906 Hawkins Avenue, Sanford, NC 27330-9632