

INDIANA ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS, INC.

Membership Form (July 1- June 30)

First Name	Middle Initial	Last Name
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Home Address	City	State	Zip Code
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Home Telephone	E-mail address
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School Corporation	Position
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School	School Address	City	State	Zip Code
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School Telephone	School Fax
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Do you have: CAP Certification Yes No PSP Certification Yes No
 CEOE Certification Yes No NAEOP Membership Yes No

**Dues: _____ \$25.00 Regular (Make check payable to IAEOP)
 _____ \$10.00 Association, Retired, Administrative**

Submit this form to the Membership Table during Spring Conference
or mail completed form and check to:

**Brenda Pfarr
6704 Churchman Avenue
Indianapolis, IN 46237
bepfarr@gmail.com**

**For the
National Association of Educational Office Professionals Membership Form
Go the following: <http://indianaaeop.com>
Then click on the NAEOP link.**