

WESTERN OHIO EDUCATION ASSOCIATION—RETIRED

MAIL TO ➡

WOEA-R
313 Johnson Street
Dayton, OH 45410

MEMBERSHIP FORM 20____ - 20____

MAKE CHECKS PAYABLE TO: WOE-R

PLEASE PRINT ALL INFORMATION

MEMBERSHIP YEAR IS FROM SEPTEMBER 1 TO AUGUST 31

NAME _____		TODAY'S DATE _____	
ADDRESS _____		HOME PHONE _____	CELL PHONE _____
CITY _____	STATE _____	ZIP _____	LOCAL ASSOCIATION _____
COUNTY OF RESIDENCE _____		OEA MEMBER NUMBER _____	
EMAIL ADDRESS _____		BIRTHDATE (MONTH/DAY) ____/____	RETIREMENT DATE _____
PERMISSION TO INCLUDE IN A MEMBERSHIP DIRECTORY ____ YES ____ NO			

DUES ENCLOSED FOR:

PLEASE CHECK ALL THAT APPLY (MEMBERS SHOULD BE UNIFIED):

- | | | |
|--|--------------------------|-----------------------------------|
| <input type="checkbox"/> WOE-R Annual | First year complimentary | |
| <input type="checkbox"/> WOE-R Life Dues | \$100.00 | |
| <input type="checkbox"/> WOE-R Annual Dues for 20____ - 20____ | \$10.00 | |
| <input type="checkbox"/> WOE-R Pre-Retired Life Dues | \$100.00 | ANTICIPATED RETIREMENT DATE _____ |

MEMBERS SHOULD BE UNIFIED. PLEASE CHECK ALL THAT YOU HOLD:

- | | | |
|--|--|--|
| <input type="checkbox"/> WOE-R Paid up Pre-Retired | <input type="checkbox"/> OEA-R Paid up Pre-Retired | <input type="checkbox"/> NEA-R Paid up Pre-Retired |
| <input type="checkbox"/> WOE-R Life Member | <input type="checkbox"/> OEA-R Life Member | <input type="checkbox"/> NEA-R Life Member |
| <input type="checkbox"/> WOE-R Annual Member | <input type="checkbox"/> OEA-R Annual Member | <input type="checkbox"/> NEA-R Annual Member |

LIFE MEMBERS: Use this form to update information, i.e. change of name, address, phone, etc.

TREASURER'S INFORMATION:

Check Number _____	CASH AMOUNT _____	Membership Years Paid 1 2 3 4 5 6 7 8 9 10 LIFE
Check Amount \$ _____	Bank _____	DATE paid through _____
Check Date _____	Cash/Check Received Date _____	