**WESTERN OHIO EDUCATION ASSOCIATION—RETIRED MAIL TO**

WOEA-R

313 Johnson Street

Dayton, OH 45410

**MEMBERSHIP FORM 20\_\_\_\_\_ - 20 \_\_\_\_\_ *MAKE CHECKS PAYABLE TO: WOEA-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):

|  |  |
| --- | --- |
| WOEA-R Annual | First year complimentary |
| WOEA-R Life Dues | $100.00 |
| WOEA-R Annual Dues for 20\_\_\_\_\_- 20\_\_\_\_  | $10.00 |
| WOEA-R Pre-Retired Life Dues | $100.00 ANTICIPATED RETIREMENT DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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

|  |  |  |
| --- | --- | --- |
| WOEA-R Paid up Pre-Retired | OEA-R Paid up Pre-Retired | NEA-R Paid up Pre-Retired |
| WOEA-R Life Member | OEA-R Life Member | NEA-R Life Member |
| WOEA-R Annual Member | OEA-R Annual Member | 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cash/Check

Check Date \_\_\_\_\_\_\_\_\_ Received Date \_\_\_\_\_\_\_\_\_\_

6.23.17