

**WESTERN OHIO EDUCATION ASSOCIATION—RETIRED**

MAIL TO ➔

MEMBERSHIP FORM 20\_\_\_\_ - 20\_\_\_\_

MAKES CHECKS PAYABLE TO: WOEA-R

**WOEA-Retired**  
P. O. Box 2937  
Dayton, OH 45401-2937

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 _____
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:**

- WOEA-R Annual
- WOEA-R Life Dues
- WOEA-R Annual Dues for 20\_\_\_\_ - 20\_\_\_\_
- WOEA-R Pre-Retired Life Dues

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

- First year complimentary
- \$100.00
- \$10.00
- \$100.00

ANTICIPATED RETIREMENT DATE: \_\_\_\_\_

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

- WOEA-R Paid up Pre-Retired
- WOEA-R Life Member
- WOEA-R Annual Member

- OEA-R Paid up Pre-Retired
- OEA-R Life Member
- OEA-R Annual Member

- NEA-R Paid up Pre-Retired
- NEA-R Life 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 _____
Check Date _____	Cash/Check Received Date _____	