

# WESTERN OHIO EDUCATION ASSOCIATION—RETIRED

MAIL TO ➡

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

**MAKES CHECKS PAYABLE TO: WOE-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 _____	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:**

- ☐ WOE-R Annual
- ☐ WOE-R Life Dues
- ☐ WOE-R Annual Dues for 20\_\_\_\_ - 20\_\_\_\_
- ☐ WOE-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:**

- |  |  |  |
|--|--|--|
| <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 \_\_\_\_\_