

MEMBERSHIP APPLICATION



Utah Association of Educational Office Professionals

New Renewal

Type of Membership:

Active Associate Student Retired

Name _____ Home Phone _____ Birthday (Month/Date) _____

Home Address _____ City _____ State ____ Zip _____

School/Office _____ District _____ Phone _____

Business Address _____ City _____ State ____ Zip _____

E-mail Address _____

PSP Certificate Yes No Level _____ NAEOP Member Yes No

Would you be willing to serve on a committee? Yes No If yes, which committee _____

Check one: Elementary Secondary Administration/District Office Higher Ed Other

Annual Dues: \$15 Active Association Member ~ \$5 Retired

***Make check payable to: UAEOP
Vicki Coon, UAEOP Vice President
Canyons School District
9150 South 500 West
Sandy UT 84070***