

*Respect for the past...  
Responsibility for the present...  
Vision for the future...*



# Kern Association of Educational Office Professionals

## MEMBERSHIP APPLICATION *January 1 - December 31*

Date: \_\_\_\_\_ Membership Year: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name M.I.

\_\_\_\_\_  
Home Address City State Zip

Work Phone: (\_\_\_\_)\_\_\_\_\_ Home Phone: (\_\_\_\_)\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Birthday: \_\_\_\_\_  
(Month/Day)

Position (Job Title): \_\_\_\_\_

District: \_\_\_\_\_ School/Office: \_\_\_\_\_

District/School Address: \_\_\_\_\_  
Street Address/Dept./Room City State Zip

New Active Membership \$20.00 \_\_\_\_\_

Regular Active Renewal \$20.00 \_\_\_\_\_

Retired Renewal \$10.00 \_\_\_\_\_

Are you a member of CAEOP (State)? [ ] Yes [ ] No

If no, would you like membership information sent to you? [ ] Yes [ ] No

Are you a member of NAEOP (National)? [ ] Yes [ ] No

Would you be interested in serving on a committee or helping with a KAEOP event? [ ] Yes [ ] No

Referred by: \_\_\_\_\_

*Please make your check payable to KAEOP and mail to:*

**KAEOP Membership  
P. O. Box 42844  
Bakersfield, CA 93384**