**Berkeley County Association of Educational Office Professionals Membership Application (BCAEOP)**

X New Member □ Renewal Member # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: Home Address: Personal E-Mail Address: Home Telephone Number: Mobile Telephone Number:

Name of School/Office: Work Address: Work Email Address: Work Telephone: Extension (if applicable) Position:

Membership Status: New Membership Expiration Date:

Date Joined/Rejoined: Email address preferred: HOME WORK

Are you interested in serving as a state officer or a district director? □ YES □ NO Are you interested in serving on a committee? □ YES □ NO

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of SCAEOP or NAEOP? (Circle) □ YES □ NO If yes, please list the number of years you have been a member Are you enrolled in the NAEOP Professional Standards Program? □ YES □ NO

If so, please check the level at which you are enrolled. □ Option I □ Option II

If certificate has been obtained, which certificate level did you receive? What year did you receive your PSP certificate?

Have you received your CEOE distinction? □ YES □ NO What year did you obtain CEOE?

**Active Membership Dues: $20.00 per year** **Associate Membership Dues: $20.00 per year Retired Membership Dues: $10.00 per year** **Membership Pins: $ 5.00**

For Official Use Only Date Received:

Type: Check #: \_

Amount:  Exp. Date: Receipt #: \_ Posted:

Please make check payable to **BCAEOP** and mail to:

 *Trishell H. Edwards, CEOE\**

 Membership Recorder

 **Cainhoy Elementary**

 **(843)899-8975 Ext. 2045**

**(843)899-8970Fax**

EdwardsTrishell@bcsdschools.net

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Recruited by: