

SOUTH DAKOTA ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS
Membership Application July 1, 2019 - June 30, 2020

New Membership \$25.00 Renewal Membership \$25.00 Associate Membership \$25.00
 Life Membership \$375.00 Retired Membership \$15.00

Name _____ Phone (Home) _____ (Work) _____
E-Mail _____ FAX _____
Address _____
 Street City State Zip
 Elementary Middle School Secondary Administration Higher Education
 State Department Other Birthday _____
School District _____ County _____ SDAEOP Area _____
No. of Years in SDAEOP _____ (including this year) No. of years in NAEOP _____ (including this year)
Personal interests and hobbies _____
Are you now or do you plan to continue your education? _____ (College, PSP, etc)

If you have served on the SDAEOP Board of Directors, please list the office(s) and committee(s) you have served on and the year served:

If you have not had the opportunity to serve on the SDAEOP Board of Directors, would you be interested in doing so and in what capacity?

Comments regarding our Association: _____

Please make checks payable to SDAEOP and mail (along with this form) to:

SDAEOP Membership
Peggy Greiner
15065 471st Ave
Twin Brooks, SD 57269
peggy.greiner@k12.sd.us

