



# MEMBERSHIP APPLICATION

Membership Year: April 1, 2016 – March 31, 2017

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday (Month/Year): \_\_\_\_\_

Position: \_\_\_\_\_

District: \_\_\_\_\_

School/District Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

OR Retired: \_\_\_\_\_

Type of Membership:

New, \$40.00

Renewal, \$40.00 Membership #: \_\_\_\_\_

Retired, \$20

Associate, \$50

Gift Membership from CAEOP Member \_\_\_\_\_

Are you a member of a local affiliate?  Yes  No

If yes, which one? \_\_\_\_\_

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

If a new member, were you a CAEOP member in the past?  Yes  No Years: \_\_\_\_\_

Would you be interested in serving on a CAEOP Committee?  Yes  No

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

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Please make your check payable to CAEOP and mail to:

Anna Fetzner  
Vice President of Membership, CAEOP  
c/o Perris Union High School District  
155 E 4<sup>th</sup> Street  
Perris, CA 92570

OFFICE USE ONLY

Membership Appl. Rec'd: \_\_\_\_\_ Sent to Treasurer on: \_\_\_\_\_ Updated Database: \_\_\_\_\_