

Citizen Membership Application

Please Check One:

New Renewal Rejoining (after break in membership)

This Foundation membership contribution is:

Personal Corporate

Contact Information for personal contributor or company contact person:

Title: Mr. Mrs. Ms. Dr. **Gender:** M F

First: _____ **MI:** _____

Last: _____ **Suffix:** _____

E-mail: _____

Phone: _____ - _____ - _____

Mailing Address: _____

_____ **Apt. /Suite #:** _____

City: _____ **State:** _____

Zip Code: _____

Preferred Contact Method:

Phone E-Mail Mail

How did you hear about the Professional Oklahoma Educators Foundation?

SIGNATURE: _____

DATE: _____

MEMBERSHIP BENEFITS:

- Scholar (\$50 - \$499)**
Chalkboard newsletter subscription
Capitol Corner e-mail updates
PerksCard discount card
- Honors (\$500 - \$999)**
All Above
Recognition on website (if desired)
- Salutatorian (\$1,000 - \$4,999)**
All Above
One table for 8 at the Foundation's prestigious Excellence in Education Merit Awards Banquet.
- Valedictorian (\$5,000 - \$9,999)**
All Above
Complimentary tickets to all Foundation events during your membership year.
- Major Donor (\$10,000+)**
All Above
Two additional tables at the Foundation's prestigious Excellence in Education Merit Awards Banquet.

PAYMENT INFORMATION:

Please note that citizen members do not receive professional liability coverage. If you begin working in a substitute, support staff or certified teaching position please contact Professional Oklahoma Educators immediately to transfer your membership to the appropriate insured category.

CONTRIBUTION AMOUNT: \$ _____

Check/Money Order enclosed*
*Please make payable to the Professional Oklahoma Educators Foundation.

One-time Credit Card Payment:
 MasterCard Visa

Name on card: _____

Card number: _____

3-digit code from back of card: _____

Expiration date on card: ____/____/____

Billing Address for card:

City: _____ State: _____ Zip: _____

Thank you for your membership. Your 2007-08 membership will expire on July 31, 2008.