



Membership Application

Professional Security | Personal Service | Oklahoma Values

- New Membership**
- Renewal**
- Rejoining**
- Male Female
- Mr. Mrs. Ms. Dr.

First Name: _____ Middle Initial: ____ Last Name: _____ Suffix: ____
 Maiden Name/Previously Used Name(s): _____
 Home Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____
 D.O.B. (mm/dd/yyyy): ____/____/____ Last 4 of SSN: _____
 Personal Email: _____ School Email: _____
 Cell Phone: _____ Home Phone: _____
 School District Name: _____ Subject(s): _____
 School Site Name: _____ Position: _____
 School County: _____ Grade(s): _____ Years Taught: _____

Please select ONLY ONE membership category.

<input type="checkbox"/> Professional Teacher Professor Nurse Librarian Counselor Special Ed Vocational \$24/Monthly* \$288/Annually	<input type="checkbox"/> Entry Level First year teachers only Graduation Date: _____ University: _____ Major: _____ \$14/Monthly* \$168/Annually	<input type="checkbox"/> Administrator Principal Superintendent \$33/Monthly* \$396/Annually	<input type="checkbox"/> Support Staff/ Substitute Paraprofessional Substitute \$16/Monthly* \$192/Annually	<input type="checkbox"/> Student Teacher/ Education Major Expected Graduation: _____ University: _____ Major: _____ \$15/Annually
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* Membership term is 8/1 - 7/31. Coverage applies to incidents that occur after effective date. Annual membership dues are not prorated. Monthly totals shown here are based on a 12-month pay period and may vary depending on the month you join. By being a POE member, you are automatically added to our email list.

Please select ONLY ONE method of payment.

PAYROLL DEDUCTION NOTE: Payroll Deduction Members will be automatically renewed.
 "I authorize _____ (School District) to deduct the total amount of the Professional Oklahoma Educators state dues in MONTHLY increments and to be paid in FULL by July 31 of current year. I further authorize Professional Oklahoma Educators to AUTOMATICALLY RENEW my membership (unless I notify them in writing of my cancellation) and to notify the school district of changes in the annual dues amounts and the number of pay periods over which deduction may be made."

MONTHLY BANK DRAFT (*Include blank voided check) NOTE: Bank Draft Members will be automatically renewed.
 "I hereby authorize Professional Oklahoma Educators and/or my bank to deduct POE dues from my checking account on the 7th of each month and to AUTOMATICALLY RENEW my membership annually. I understand I must notify POE in writing 30 days prior to the cancellation date if I wish to discontinue bank draft deduction."
 Routing #: _____ Account #: _____ Checking Savings

CREDIT CARD: NOTE: One Time Payment Only; Full Annual Amount
 MasterCard Visa Discover AMEX
 Name on Card: _____ Card #: _____ Exp. Date: _____ CVV Code: _____

CHECK: Check Enclosed Please make check payable to Professional Oklahoma Educators.

Signature: _____ Date: _____

Welcome to Professional Oklahoma Educators!

Phone: 405-701-5990 | Toll Free: 888-331-2763 | Fax: 405-701-5995 | P.O. Box 667, Norman, OK 73070

Membership@APOE.org | ProfessionalOklahomaEducators.org