

GENERAL INFORMATION: NEW RENEWAL Title: Mr. Mrs. Ms. Dr. Gender: M F

Last (Please print): _____ MI: _____ First: _____ Suffix: _____

Maiden/Previously Used Name: _____

Home Address: _____ Apt. /Suite #: _____ DOB (mm/dd/yyyy): ____ / ____ / ____

City: _____ State: _____ Zip: _____ Last 4 of Social: XXX-XX-_____

Please check preferred primary contact phone and e-mail:

Home E-mail: _____ School E-mail: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ May we text you? Yes No

SCHOOL INFORMATION: Public Private Charter

JOB INFORMATION:

School District Name: _____

Subject(s)/Position Title: _____

School Site Name: _____

School County: _____

Grade(s): _____ Years Taught: _____

Please select your membership category and title/position:

- | | |
|---|---|
| <input type="checkbox"/> Professional: \$252/yr.; \$21/12 mo. | <input type="checkbox"/> Administrator: \$360/yr.; \$30/12 mo. |
| <input type="checkbox"/> Teacher <input type="checkbox"/> Professor <input type="checkbox"/> Nurse <input type="checkbox"/> Librarian | <input type="checkbox"/> Principal <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Counselor <input type="checkbox"/> Special Ed <input type="checkbox"/> Vocational | <input type="checkbox"/> Support Staff/Substitute: \$156/yr.; \$13/12 mo. |
| <input type="checkbox"/> Entry Level Teacher: \$132/yr.; \$11.00/12 months
(First Year of Teaching) | <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Substitute |
| Year Graduated _____ University _____ | <input type="checkbox"/> Student Teacher/Education Major: \$15/yr. |
| College Attended _____ Major _____ Grad. Date ____ / ____ | |

- PROFESSIONAL PROTECTION
- PERSONAL SERVICE
- OKLAHOMA VALUES



YES, I am interested in becoming a POE:
 Building contact
 School Chapter Officer

METHODS OF PAYMENT (SELECT ONE AND SIGN) *COVERAGE APPLIES TO INCIDENTS THAT OCCUR AFTER YOUR EFFECTIVE DATE

PAYROLL DEDUCTION:

"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 deductions may be made."

PAYROLL DEDUCTION MEMBERS WILL BE AUTOMATICALLY RENEWED.

BANK DRAFT:

"I hereby authorize Professional Oklahoma Educators and/or my bank to deduct POE dues from my checking account on the 7th of each month for the remainder of the school year and to automatically renew my membership annually. I understand that I must notify POE in writing 30 days prior to the cancellation date if I wish to discontinue bank draft deductions." IMPORTANT: PLEASE ENCLOSE A VOIDED CHECK FROM THE ACCOUNT THAT IS TO DEDUCTED.

Routing # (1st set of digits): _____

Account # (2nd set of digits): _____

Account Type: Checking Savings **BANK DRAFT MEMBERS WILL BE AUTOMATICALLY RENEWED.**

CREDIT CARD: MasterCard Visa Discover Amex (Note: One-time payment only.)

Name on card: _____ Card number: _____

Expiration Date: ____ / ____ 3-Digit Card Verification Value (CVV Number): _____

CHECK ENCLOSED: 1 check

SIGNATURE: _____

DATE: _____