



Professional Oklahoma Educators | Membership Application

Professional Security | Personal Service | Oklahoma Values

- New Membership
- Renewal
- Rejoining

- Male
- Female
- T-Shirt Size: _____

- Mr. Ms.
- Mrs. Dr.
- Other: _____

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: _____ Other: _____

Preferred Contact Method: Personal Email School Email Cell Phone Home Phone Other

School Site Name: _____ Subject(s): _____

School District 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 ONLY \$24/month* \$288/yr TOTAL	<input type="checkbox"/> Entry Level • First year teachers only Graduation Date: _____ University: _____ Major: _____ ONLY \$14/month* \$168/yr TOTAL	<input type="checkbox"/> Administrator • Principal, Superintendent ONLY \$33/month* \$396/yr TOTAL	<input type="checkbox"/> Support Staff/ Substitute • <i>Paraprofessional, Substitute</i> ONLY \$16/month* \$192/yr TOTAL	<input type="checkbox"/> Student Teacher/ Edu. Major Expected Graduation: _____ University: _____ Major: _____ \$15/yr TOTAL
--	---	---	---	--

*Monthly totals based on 12 month pay period. Membership term is 8/1 - 7/31.

Please select ONLY ONE method of payment. *Coverage applies to incidents that occur after effective date.

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 due 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 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: _____ CV Code: _____

CHECK: Check Enclosed ONLINE ONLY: Check sent to POE, P.O. BOX 667, NORMAN, OK 73070

Signature: _____ Date: _____

Welcome to Professional Oklahoma Educators!

Phone: 405-701-5990 | Toll Free: 888-991-2763 | Fax: 405-701-5995 | P.O. Box 667, Norman, OK 73070

Email us at info@APOE.org or visit us at www.APOE.org to find out more information.