Davidson County Association of Educational Office Professionals (DCAEOP)

Membership Form

Membership Year is July 1 through June 30

Current Membership Year: **2025-2026**

Name: _____
Last *First* *MI*

Address: _____
Street

_____
City *State* *Zip*

Email: _____@davidson.k12.nc.us

Location: _____
School/Admin/Dept.

Position: _____
Job Title

Check One

_____ New Member
_____ Renewal

The Newsletter Committee requests the following information:

Birthday: _____

Wedding Anniversary: _____

DCS Years of Service: _____

Hire Date: _____

Check One

_____ Active Due by Sept 30th	$20.00
_____ Associate (Administrators)	$ 5.00
_____ After Oct. 1st	$25.00
_____ New Hire	$20.00

(Joining within 30 days of Hire Date)

Payment Type:

_____ Cash
_____ Check* (check # _____)
*Payable to DCAEOP

Please send dues via courier to: **Tonia Pennington** at **Central Office**