

IAEOP MEMBERSHIP FORM

(Please print)

SCHOOL YEAR: _____ BUILDING/DEPARTMENT: _____

NAME: _____

MOBILE NUMBER: _____ EXTENSION #: _____

ISD EMAIL: _____@isdschools.org

BIRTHDATE (MM/DD): _____ / _____ PSP CERTIFICATE: YES _____ NO _____

MEMBER OF MAEOP: YES _____ NO _____ MEMBER OF NAEOP: YES _____ NO _____

I AM INTERESTED IN THE FOLLOWING COMMITTEES:

AUDIT COMMITTEE - meets once in June/July	
BUDGET COMMITTEE - meets once in May/June	
BYLAWS COMMITTEE - meets as needed	
MEMBERSHIP COMMITTEE - meets multiple times annually	
NOMINATING COMMITTEE - meets once in April	
PROFESSIONAL STANDARDS COMMITTEE - meets as needed (must hold PSP certification)	
SCHOLARSHIP COMMITTEE - meets once in March	

I AM INTERESTED IN HOLDING AN EXECUTIVE OFFICE: YES _____ NO _____

DUES - \$10.00 CASH _____ CHECK # _____ VENMO _____

RETURN THIS FORM WITH THE \$10.00 MEMBERSHIP FEE TO THE IAEOP TREASURER
(<http://sites.isdschools.org/iaeop>)



venmo

MAKE CHECKS PAYABLE TO ISD IAEOP