OAESP

Membership Application

A copy of this application can also be found at:

https://www.ohea.org/join/

PLEASE PRINT

________________________________________

NAME

________________________________________

ADDRESS

________________________________________

CITY, STATE, ZIP CODE

___________________________

CELL PHONE   HOME PHONE

________________________________________

NON-SCHOOL EMAIL ADDRESS

________________________________________

PLEASE SPELL OUT LOCAL ASSOCIATION, NO INITIALS

______ ESP (Classified)   ______ Non-ESP (Certified)

Please Indicate above your OEA District from the following: Capital, Central OEA, East Central OEA (ECOEA), Eastern OEA (EOEA), North Central OEA (NCOEA), North Eastern OEA (NCEOEA), North Western OEA (NWOEA), South Eastern OEA (SEOECA), South Western OEA (SWOEA), Western OEA (WOEA).

Annual Dues: $5.00

_____ Cash  _____ Check (#________________)  Made Payable to OAESP

Return this form with payment to:

Cheryl Williams
5661 Spring Hill Road
Grove City, OH  43123-9101

Receipt of payment and membership card will be sent to the address indicated.