

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 (NEOEA), North Western OEA (NWOEA), South Eastern OEA (SEOEA), 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.