Ohio Education Association 2022-2023 Membership Update Form

Local Association Name:		Local User II	D:			_ Date:		
Preparer:		Phone Number	Phone Number:			E-Mail Address:		
	oe used for enrolling new members. An		•	-	•	new members. ne to Half-time, Half-time to Quarter- time, e	tc.).	
ID Number	FULL NAME	Effective Dates of Current Membership Type		Effective Dates of New Membership Type		DESCRIPTION		
0009876543	BOBBY SMITH	9/1/20XX	11/30/20XX	12/1/20XX		Half-time to Full-time Beginning 12-1-20XX	(EXAMPLE)	
Section II. Mem	ber Personal Information Updates (i.e.	, name, address, non-w	vork e-mail, an	d non-work pho	one).			
ID Number	FULL NAME		New Personal Information					
0006315795	June Miller	Change Name o	Change Name & Address to June M Wilson, 123 Anywhere St., Some Town, OH 44444 (EXAMPLE)					
Return to:	Mail:	Electronic	Scan:					

OEA Membership Department 225 East Broad Street Columbus, Ohio 43215 Membership@ohea.org

Column A	Column B	Column C	Column D		Column E
D Number	Full Name	Effective Date	Reason for Cancellation		Amount Collected * (Do Not Include Local I
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