



SOUTH CAROLINA ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS
MEMBERSHIP APPLICATION

ANNUAL RENEWAL DATE: OCTOBER 1

Member # _____ **NEW** **RENEWAL** **LIFE MEMBERSHIP (75yrs or older)**
If Yes, Check Here

COUNTY _____ SCHOOL DISTRICT _____

NAME _____ / _____ / _____
LAST FIRST MI

DATE OF BIRTH: _____ ID (LAST 4 OF SSN: _____
Month Day Year

ADDRESS: _____ / _____ / _____
STREET CITY ZIP

TELEPHONE: _____ / _____ / _____
HOME CELL WORK

PREFERRED EMAIL: _____

EMPLOYER (If Applicable) _____ JOB TITLE: _____

WORK ADDRESS (If Applicable) _____ EMAIL _____

ARE YOU A MEMBER OF NAEOP: YES NO CEOE DISTINCTION: YES NO

COMMITTEE / POSITION _____

BENEFICIARY CONTACT INFORMATION

Beneficiary for Group Life Insurance: _____

Relationship: _____ Telephone _____

Address: _____ / _____ / _____ / _____
STREET CITY STATE ZIP

MEMBERSHIP DUES: \$30.00 PER YEAR
(Active & Associate)

Online Payments Accepted via SCAEOP Website (\$5 Convenience Fee)

PLEASE MAKE CHECKS PAYABLE TO SCAEOP and MAIL TO:

BRIDGET S. BOOKERT, CEOE
SCAEOP Membership Recorder
4611 Hardscrabble Road, Suite 109, PMB-3
Columbia, SC 29229
803-730-7041 (Cell) 803-400-1694 (Office)
scaeopmembership@gmail.com or bridget.bookert@richlandone.org

OFFICIAL USE ONLY

Date Received: _____

Check# _____

Online _____ Cash _____

Amount: _____

Date Joined: _____