

2015 - 2016



- Individual Membership -

Dues for OCPEA cover the fiscal year from Nov. 1, 2015 – Oct. 31, 2016

First Name: _____ **Last Name:** _____

Position / Title: _____

University: _____

University Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Work Phone: _____ **Work FAX:** _____

Work Email: _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Home Email:** _____

Check your level of membership:

\$25 Full-Time Professors

\$20 Adjunct Professors

\$15 Retired Professors, Graduate Students, or Friends of OCPEA

Note: Individuals listed as faculty on an Institutional Sponsorship form do not have to submit an individual membership form. Check with your OCPEA Board representative to see if your institution is an OCPEA sponsor or contact the OCPEA Treasurer listed below.

Mail your membership check or P.O., payable to OCPEA, to:

Chris Cline
OCPEA Treasurer
7289 Mont Drive
Middletown, OH 45042

2015 - 2016

Email: john.cline@wright.edu