

Ohio Association of Agricultural Educators Professional Membership Form

The membership year is June 1 through July 31.



**Please enclose this
form with your
payment.**

Last Name

First Name

Address (Home)

City (Home)

Zip (Home)

Email address

School Name

FFA District

School Address

School City

School Zip

Date you started teaching?

Number of years you might have taken off?

OAAE Membership Option

1-year membership- \$80.00

Already a life member

Please selected if you are including payment for any other Professional Organization.

NAAE

OACTE

ACTE

Total Due

PO #

Office Use Only:

Check Number: _____

Date: _____

Amount: _____

Make checks payable and send to:
Ohio Association of Agricultural Educators Membership
717A E 17th Ave
Columbus, OH 43211

Phone (614) 299-1332

Email: kmann@ohioffa.org or jparrish@ohioffa.org

<http://www.oaae.info>

Please enclose this form for with your payment.

This is your invoice!