

Ohio Association of Agricultural Educators
Professional Membership Form
2018- 2019



The membership year is June 1 through July 31.

Last Name:

First Name:

Address (Home):

City (Home):

State (Home):

Zip (Home)

Cell Phone Number:

Email Address:

School Name:

FFA District:

School Address:

School City:

School Zip:

Date you started teaching:

Number of years you might have taken off:

Initial Licensure Type:

Tradition

Route B

OAAE Membership Option:

1-year- \$80.00

Already a life member

NAAE Membership:

OACTE:

ACTE:

Total Due:

PO #:

Office Use Only:

Check Number: _____

Date: _____

Amount: _____

Make checks payable and send to:
Ohio Association of Agricultural Educators
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 for with your check.

This is your invoice!