

OAEA Membership form

Mail-In Membership Form

Date Submitted _____

New Membership – or - Renewal _____

First Name _____ Last Name _____ Preferred Pronouns _____

Home Address _____ City _____ State _____ Zip _____

Preferred Email Address _____

Home Phone _____ Work or Cell _____

School District/University _____ Work Site _____

Work Address _____ City _____ State _____ Zip _____

*County _____ (Identify work or home)

Please Circle Your Region (Refer to bottom right illustration): C E NC NE NW SE SW W

Please check your Division:

Active: Elementary Middle/Jr. High Secondary Supervision Museum Higher Ed (still actively teaching)

Emeritus membership division: Emeritus

Lifetime membership: at least 30 yr. Circa member

Pre-Service membership division: Pre-Service

Associate Membership/OAEA Family Member: Non-voting/not eligible for a division

Membership Fee

- (\$45) Active Art Educator/Teaching Artist/Art Administrator
- (\$45) Associate Friend/Supporter of Art Ed/Non Art Educator
- (\$25) Emeritus Art Educator
- (\$25) OAEA Family (Name current or deceased OAEA Member _____)
- (\$25) Full-time College Student (Include a copy of your Student ID)

If you are interested in Lifetime Membership, please see the appropriate form online.

Membership Fee	\$
Donation to OAEA Foundation	\$
May write one check for this Total	\$

Make Check Payable to **OAEA** and mail to:

Ashton Peck, Membership Chair
1443 Snowmass Rd.
Columbus, OH 43235

Or pay by credit card with PayPal at:

www.ohioarted.com

Questions? Contact: membership@ohioarted.com

