



Membership Form

Membership Type:

New Membership ☐

Renewal Membership ☐

Associate Membership (for Penn State retirees) ☐

Membership Term:

1 Year (\$6.00) ☐ 3 Years (\$15.00) ☐

The annual dues for each member are \$6.00 for a 1 year membership or \$15.00 for a three year membership. Dues are payable to PSEOP. The membership year is from September 1-August 31, regardless of when you join.

Personal Information:

Name: _____

Office Address: _____

Campus: _____

College/Unit: _____

Department: _____

Office Phone: _____

Position: _____

E-mail Address: _____

Birthdate (mm/dd format): _____

Home Address: _____

Home Phone: _____

Your personal information will not be given to anyone outside of PSEOP.

To complete your PSEOP membership, please send this form and dues to PSEOP treasurer. You may find contact information at <http://sites.psu.edu/pseop/officers/>

For Official Use Only:

Date Received: _____

Membership Expiration Date: _____

Added to ListServ: _____

Added to Database: _____