

## **RPOE** Membership Application

## Retired Professional Oklahoma Educators

Oklahowa	☐ New Membership	☐Male ☐Female		
Educators	☐ Renewal ☐ Rejoining		Λr. □Mrs. □	lMs. □Dr.
First Name:	Middle Initial:	Last Name:		Suffix:
Mailing Address:		City:	Sta	ate: Zip:
D.O.B. (mm/dd/yyyy):/_	/ SSN (Only	if using Payroll Ded	uction):	
Personal Email:				
Cell Phone:	Home Phone:		Other:	
1st Year of Retirement: Fre	e One-Year Membership			
insurance until they become	are not eligible for legal servine paying members. They main as a paying member in lieu	ay, however, become	e immediately e	
PAYMENT METHOD SECTION  Please note that RPOE member support staff or certified teach your membership level to the	rs do not receive professional	liability coverage. It rofessional Oklahor	f vou begin wo	rking in a substitute, nmediately to upgrade
☐ PAYROLL DEDUCTION	NOTE: F	Payroll Deduction Mer	nbers will be aut	comatically renewed.
"I authorize Oklahoma Teacher state dues in monthly increme Educators to automatically ren	Retirement System (OTRS) to dents and to be paid in full by June ew my membership (unless I no nounts and the number of pay p	educt the total amoun 30 of each year. I furt tify them in writing of	t of the Profession her authorize promy cancellation	onal Oklahoma Educators ofessional Oklahoma a) and to notify OTRS of
☐ CREDIT CARD - \$24 (Married ☐ MasterCard ☐ Visa ☐	•	One Time Payment Or	ıly; Full Annual A	mount
Name on Card:	Card #:		Exp. Date:	CVV Code:
CHECK - \$24 (Married Couple	- \$36)	ease make check paya	able to Profession	nal Oklahoma Educators.
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Welcome to Retired Professional Oklahoma Educators!

Large Enough to Serve You ... Small Enough to Know You