



RPOE Membership Application

Retired Professional Oklahoma Educators

- New Membership
- Renewal
- Rejoining

- Male Female
- Mr. Mrs. Ms. Dr.

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

D.O.B. (mm/dd/yyyy): _____/_____/_____ SSN (Only if using Payroll Deduction): _____

Personal Email: _____ Cell Phone: _____

PAYMENT METHOD SECTION: Please select ONLY ONE method of payment.

Please note that RPOE members do not receive professional liability coverage. If you begin working in a substitute, support staff or certified teaching position, please contact Professional Oklahoma Educators immediately to upgrade your membership level to the appropriate insured category.

PAYROLL DEDUCTION

NOTE: Payroll Deduction Members will be automatically renewed.

"I authorize Oklahoma Teacher Retirement System (OTRS) to deduct the total amount of the Professional Oklahoma Educators annual dues in monthly increments and to be paid in full by June 30 of each year. I further authorize Professional Oklahoma Educators to automatically renew my membership (unless I notify them in writing of my cancellation) and to notify OTRS of changes in the annual dues amounts and the number of pay periods over which deductions may be made."

CREDIT CARD - \$30 (Married Couple - \$42)

NOTE: One Time Payment Only; Full Annual Amount

- MasterCard Visa Discover AMEX

Name on Card: _____ Card #: _____ Exp. Date: _____ CVV Code: _____

CHECK - \$30 (Married Couple - \$42)

- Check Enclosed.

Please make check payable to Professional Oklahoma Educators.

Signature: _____ Date: _____

Welcome to Retired Professional Oklahoma Educators!

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

Phone: 405-701-5990 | Toll Free: 888-331-2763 | Fax: 405-701-5995 | P.O. Box 667, Norman, OK 73070

Email us at Retire@APOE.org or visit www.RPOE.org for more information.