



# RPOE Membership Application

## Retired Professional Oklahoma Educators

- New Membership
- Renewal
- Rejoining

- Male
- Female

- Mr.     Ms.
- Mrs.    Dr.
- Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D.O.B. (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN (only if using Payroll Deduction): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Personal Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I am interested in attending informative lunch meetings.

Please list the school district in which you last taught: \_\_\_\_\_

Grade(s) taught: \_\_\_\_\_ Subject(s) taught: \_\_\_\_\_

### DISCOUNT SECTION (If you are not eligible for either discount, continue to the payment section below)

**1<sup>st</sup> Year of Retirement - FREE ONE-YEAR MEMBERSHIP** (Do not select payment type; sign below)

**MARRIED COUPLE DISCOUNT - \$36 Total**

Married couples who are both retired educators can take advantage of our Married Couple Discount. Please add the name of your spouse below.

**PLEASE SELECT METHOD OF PAYMENT BELOW (CREDIT CARD OR CHECK ONLY) & FILL OUT APPROPRIATE INFORMATION.**

#### SPOUSE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_

D.O.B. (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN (only if using Payroll Deduction): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Personal Email: \_\_\_\_\_ 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 - \$24**

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 state 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 - \$24** (Married Couple - \$36)

NOTE: ONE-TIME PAYMENT ONLY; FULL ANNUAL AMOUNT

MasterCard  Visa  Discover  AMEX

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

**CHECK - \$24** (Married Couple - \$36)

Check Enclosed

PLEASE MAKE CHECK PAYABLE TO "PROFESSIONAL OKLA. EDUCATORS"

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Welcome to Retired Professional Oklahoma Educators!**

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](mailto:retire@APOE.org) or visit us at [www.APOE.org](http://www.APOE.org) to find out more information.