



MEMBERSHIP APPLICATION

\$12.00 Membership dues. (Professional dues are tax deductible.)

Make check payable to BSUAOP

Mail completed form and dues to

Danya Lusk, College of Health Sciences, MS 1800

Name: _____

Position Title: _____

BSU Office: _____

Office Location (Building/Room) _____

Mail Stop: _____

Office Phone _____

E-mail Address _____

Home Address _____

City, State, Zip _____

Home Phone _____

Birth date _____

Membership: New _____ Renewal or Retired Member since _____

I am a member of _____ IAEOP (State) _____ NAEOP (National)

_____ I am interested in serving on a BSUAOP Committee