

**OKLAHOMA EDUCATION ASSOCIATION
APPLICATION FOR INCENTIVE REBATE**

I. WE HEREBY CERTIFY THAT WE HAVE MET THE REQUIRED PAYMENT SCHEDULE OUTLINED IN SECTION II OF THE INCENTIVE REBATE POLICY AND HAVE PAID TO OEA AT LEAST 50% OF OUR TOTAL ANNUAL OBLIGATION BY MARCH 15. WE ALSO UNDERSTAND WE MUST CONTINUE TO PAY ACCORDING TO OUR STATEMENT IN ORDER TO QUALIFY FOR OUR SECOND INSTALLMENT.

(signature)

CHECK ONLY ONE	<input type="checkbox"/> SAME LEVEL OF MEMBERSHIP AS LAST YEAR <input type="checkbox"/> INCREASE IN MEMBERSHIP <input type="checkbox"/> 100% ENROLLMENT
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II. WE ARE APPLYING FOR A REBATE IN THE FOLLOWING CATEGORIES (PLEASE CHECK THOSE THAT ARE APPLICABLE).

- D. 100% OF ANNUAL DUES OBLIGATION HAS BEEN PAID BY JAN. 1
- E. LOCAL DUES OF \$25 OR MORE (AMOUNT OF LOCAL DUES PER MEMBER \$_____)
- F. FULL-TIME RELEASE OFFICER (# OF HOURS PER WEEK_____)
- G. 1/2 -TIME RELEASE OFFICER (# OF HOURS PER WEEK _____)
- H. FULL-TIME SECRETARIAL/CLERICAL HELP (# OF HOURS PER WEEK _____)
- I. 1/2-TIME SECRETARIAL/CLERICAL HELP (# OF HOURS PER WEEK _____)
- J. LOCAL OFFICE, AVAILABLE TO OTHER LOCALS FOR ASSOCIATION MEETINGS

ADDRESS: _____

HOURS OF OPERATIONS: _____ DAYS PER WEEK: _____

III. CERTIFIED BY:

AFFILIATE NAME: _____

AFFILIATE PRESIDENT: _____

ADDRESS: _____

PERSON **COMPLETING** THIS FORM: _____

TITLE: _____

PHONE# (HOME): _____(SCHOOL): _____

E-MAIL ADDRESS: _____

AFFILIATE TREASURER: _____

DATE: _____

*****APPLICATION DEADLINE MARCH 20TH*****