Local/OEA/NEA Student Membership Form

College/University Name

Expected Graduation Date (month/year) ___/___

Annual Dues	
OEA/NEA	$25
Local	
Total	

( )

Area Code Home Phone

E-mail address

Mail Publications to:
(Print Clearly)

Social Security Number ___ ___

Subscriptions to OEA publications and NEA Today are included.

First Middle Initial Last

Address City, State Zip Code

Major *(Be specific, use list printed below)*

Ethnic information (optional)
☐ American Indian/Alaska Native ☐ Asian ☐ Black ☐ Caucasian
☐ Hawaiian/Pacific Islander ☐ Hispanic ☐ Multi-Ethnic

SOEA
Student Oklahoma Education Association
putting education first

X _____
Signature Date

nea NATIONAL EDUCATION ASSOCIATION nea.org

Please Specify Major

- Agriculture
- Art
- Business
- Early Childhood Education
- Elementary Education
- English/Language Arts
- Foreign Language
- Health & Physical Education
- Family/Consumer Science
- Industrial Arts
- Mathematics
- Music
- Reading
- Science
- Social Studies
- Special Education
- Speech & Drama
- Vocational/Technical Education
- Other (please specify)