

Local/OEA/NEA Student Membership Form

_____ College/University Name

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Expected Graduation Date (month/year)

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Area Code Home Phone

_____ E-mail address

Annual Dues	
OEA/NEA	\$25
Local	
Total	

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



X

_____ Signature

_____ Date



Please Specify Major

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