

# NEOPC Membership Application

(Please Print)

First Name: \_\_\_\_\_ First Name of Spouse: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Voice Phone: \_\_\_\_\_

Email Addr: (You) \_\_\_\_\_

Email Addr: (Spouse) \_\_\_\_\_

Sponsor: (Member's Name) \_\_\_\_\_

Educ. Inst: (If Student Application) \_\_\_\_\_

Student Reference ID: (for verification) \_\_\_\_\_

Dues: (Expiration 12 months from date of enrollment)

Basic Membership - \$25.00 (Family with one vote)

Student - Dues are waved for full time students age 16 - 25 who provide evidence of current enrollment in recognized Institutions.

Mail to: NEOPC, P.O. Box 16802, Rocky River, OH 44116