

**Retired Life Membership Application Form
EOEA-R**

Eastern Ohio Education Association

This form is for retirees who wish to purchase a life membership in EOEA-R.

Retirement Date _____

Name _____

Street Address _____

City _____ **State** _____ **Zip** _____

Employer at Time of Retirement _____

Home Phone (with area code) _____

Home E-Mail Address _____

I enclose my check for EOEA-R Life Membership.

\$30 Total Payment

Date _____ **Signature** _____

Make check payable to: EOEA

**Send membership form and check to: Jack Boyd, EOEA Executive Director, 1940 Normandy Dr,
Zanesville, OH 43701-2143**

Please retain a copy for your records.