



# University of Nebraska Office Professionals Association

## 2017-2018 Membership Form

### July 1, 2017 — June 30, 2018

*The purpose of UNOPA is to provide professional growth and promote high professional standards for educational office professionals within the University of Nebraska as partners upholding the quality of service to the University educational system and the community.*

<p>Name: _____</p> <p>Department: _____</p> <p>Position/Title: _____</p> <p>Campus Address: _____</p> <p>Campus Zip: _____</p> <p>Campus Phone: _____</p> <p>Email Address: _____</p> <p>Supervisor: _____</p> <p>Home Address: _____</p> <p>City &amp; Zip: _____</p> <p>Home Phone: _____</p> <p>Birthday (Month &amp; Day only): _____</p> <p>Beginning Year with UNOPA: _____</p> <p>Who introduced you to UNOPA?: _____</p> <p><b>I am a member of (please check):</b></p> <p>Nebraska Educational Office Professionals Association (NEOPA) _____</p> <p>National Association of Educational Office Professionals (NAEOP) _____</p> <p>Other professional organizations (please list): _____</p> <p><b>I have obtained my (please check):</b></p> <p>Professional Standards Programs (PSP) _____</p> <p>Indicate level: _____</p> <p>Certified Educational Office Employee (CEOE) _____</p>	<p>I am interested in receiving information about:</p> <p>NEOPA _____</p> <p>NAEOP _____</p> <p>PSP _____</p> <p>CEOE _____</p> <p>Please check any committee(s) on which you would like to serve:</p> <p>Awards _____</p> <p>Bylaws/Nominating _____</p> <p>Career Development/PSP _____</p> <p>Technology _____</p> <p>Employee Concerns _____</p> <p>Outreach _____</p> <p>Membership _____</p> <p>Program _____</p> <p>UNOPA Notes _____</p> <p>Ways &amp; Means _____</p> <p>Marketing _____</p> <p>Digital Commons _____</p> <p>I am interested in the Secret Friends Program</p> <p>Yes _____</p> <p>No _____</p>
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Check one of the following:		Payment Amount:
<b>NEW MEMBER</b>	\$ 15.00	<b>Method of Payment:</b>
Active	\$ 15.00	Check # _____
Associate	\$ 15.00	Cash _____
Retired	\$ 2.00	Cost Center _____

\_\_\_\_\_  
Supervisor Signature

**As a member of UNOPA you may be photographed for organizational publicity purposes. Please indicate your consent for personal image use below and sign.**

Yes                      No

\_\_\_\_\_  
Member Signature

Return this form and appropriate fee to:

**UNOPA Memberships/Renewals**

Attn: Kelsey Sims  
University of Nebraska-Lincoln  
135 Mabel Lee Hall  
Lincoln, NE 68588-0236  
Phone: 402-472-8209  
Email: kelsey@unl.edu  
(make checks payable to UNOPA)