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5661 Spring Hill Road, Grove City, OH 43123

OAESP
2023 - 2024 Membership Application
PLEASE PRINT

NAME

ADDRESS

CITY, STATE, ZIP CODE

CELL PHONE

HOME PHONE

NON-SCHOOL EMAIL ADDRESS

PLEASE SPELL OUT LOCAL ASSOCIATION, NO INITIALS

_____ ESP (Classified) _____ Non-ESP (Certified)

Please Indicate above your OEA District from the following: Capital, Central OEA, East Central OEA (ECOEA), Eastern OEA (EOEA), North Central OEA (NCOEA), North Eastern OEA (NEOEA), North Western OEA (NWOEA), South Eastern OEA (SEOEA), South Western OEA (SWOEA), Western OEA (WOWEA).

Annual Dues: \$5.00

_____ Cash _____ Check (# _____) Made Payable to **OAESP**

Return this form with payment to:

Cheryl Williams
5661 Spring Hill Road
Grove City, OH 43123

Receipt of payment and membership card will be sent to the address indicated.

The Ohio Association of Education Support Professionals Vision Statement ~
Providing a voice for all Education Support Professionals and the students they serve.