



# 2022-23 Membership Form

*Society of Professors of Education*

Name \_\_\_\_\_

Institutional Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

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

Office Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Dues	
Membership Categories	
1 yr.	2 yr.
2022	2022-23
<i>(Check Correct Amount)</i>	
Institutional....	<input type="checkbox"/> \$100.00 <input type="checkbox"/> \$175.00
Regular .....	<input type="checkbox"/> \$60.00 <input type="checkbox"/> \$100.00
Student .....	<input type="checkbox"/> \$20.00 <input type="checkbox"/> \$35.00
Retired .....	<input type="checkbox"/> \$35.00 <input type="checkbox"/> \$55.00

**If you choose to pay thru PayPal --complete this form. Submit it electronically and you will be invoiced to your email.**

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