

OTEA Membership

First Name	Middle	Last	First Name for Badge	
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Address	City	State	Zip+
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School System: _____

School Building: _____

Address	City	State	Zip+
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Home Phone: _____ School Phone: _____ School Fax: _____

E-Mail (Home): _____

E-Mail (School): _____

OTEA Membership _____ @ \$35.00

Student Membership _____ @ \$17.50

Retired Membership _____ @ \$17.50

Mike Scott Scholarship Donation \$ _____

Check No. _____ TOTAL: \$ _____

Make checks payable to OTEA Treasurer

Send Form and Check to:

Timothy N. Tryon

5294 Rockwell Rd.

Youngstown, OH 44515

Phone: 330-799-9257

E-Mail: timothy878@zoominternet.net

OTEA Fall/Spring Conference Registration Form 2010

First Name	Middle	Last	First Name for Badge	
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Address	City	State	Zip+
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School System: _____

School Building: _____

Address	City	State	Zip+
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Home Phone: _____ School Phone: _____ School Fax: _____

E-Mail (Home): _____

E-Mail (School): _____

OEA Check-Off Membership _____

OTEA Membership _____ @ \$35.00

Student Membership _____ @ \$17.50

Retired Membership _____ @ \$17.50

EPT Breakfast _____ @ \$15.00

Check No. _____ TOTAL: \$ _____

Make checks payable to OTEA Treasurer

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OTEA has a **one year** membership.