

Membership Application

The mission of the Statewide Education Organizing Committee (SEOC) and its local chapters is:
Strengthening Educational Opportunities for Children through organizing public school parents, youth and allies to advocate, take action together and improve the quality of education.

I support the SEOC Mission and hereby apply for membership in my local chapter. (Please print)

NAME: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone (home): _____ Tel. (work) _____ Email: _____

Best Times to Call: _____

___ I have a child or grandchild or relative in a public school in my city. If so, name the school(s): _____

___ I am a concerned neighbor of families and children attending public schools.

___ I have a leadership position in a local PTO or PTA or community organization.

___ My most urgent concern about public schools in my community is _____

___ I am enclosing my SEOC Annual Dues of \$20.

___ OR, I am enclosing \$ _____ toward my annual \$20 dues. My dues will be retained in my local SEOC Chapter.

SIGNATURE: _____ Date: _____

Submit this form and dues to your Local SEOC Chapter.

Please make your check or money order to SEOC. DO NOT MAIL CASH.

IF you do not receive a receipt for the dues you paid and/or your membership card within a month after you became a member, please notify us as soon as possible.

Restrictions:

Employees of school systems, school board members, elected city officials, policy-level city employees, or those running for school board or city positions, are not eligible for SEOC Chapter membership, in order to avoid conflicts of interest. Such persons can instead join the "Friends of SEOC."