



Ohio Organization of Practical Nurse Educators MEMBERSHIP ENROLLMENT FORM

Membership expires annually on December 31st. Membership fee is \$35/member. Please forward the form with payment to:

Cris Hampe, OOPNE Treasurer
P.O. Box 2475, North Canton, OH 44720
330-354-4518 · hampe_c@ccsdistrict.org

Membership Year 2024

School Name			
School Street Address			
City		State OHIO	Zip Code
Contact Person Name (Director/Coordinator/Program Manager)			
Contact Phone Number			
Contact Email Address			

Name	Home Address	Email Address	Phone Number

Please duplicate form as needed.