

Educator Membership Application

Annual membership is from January 1 – December 31 of each year. An invoice for your membership dues will be emailed to you upon approval of your completed application. Dues will be pro-rated based on enrollment date.

Educator's Name: _____

Title: _____

University/College: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Cell: _____

E-mail: _____

Educator Membership Agreement

I verify that all statements contained in this application are true. I understand that by providing the above information, I consent to receive communications sent by and/or on behalf of The Order of the Golden Rule, via regular mail, telephone or email.

Signed: _____ Date: _____



Order of the
Golden Rule

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