

2009-2010 MAEOP MEMBERSHIP APPLICATION

Missouri Association of Educational Office Professionals

Membership Year November 15, 2009 to November 14, 2010

New Member _____ Renewal _____ Retiree _____

Annual Membership Dues: \$15



Name _____
(Last) (First) (MI) (Maiden Name)

School District _____ Job Title _____

(Office Address) (City) (State) (Zip+4)

(Office Phone) (Office Fax) (Office Email Address)

(Home Address) (City) (State) (Zip+4)

(Home Phone) (Home Fax) (Home Email Address)

Please send *The Missouri Educational Secretary* and all announcements to: (CHECK ONE)

_____ School Address _____ Home Address _____ Work Email _____ Home Email

Yes Have you been a member of MAES/MAEOP at any time previous to this year?
No What year(s) _____ Under another name? _____

Yes Are you a Past President? _____ What year? _____

Yes Are you a member of a local Association of Educational Office Professionals?
No Name of local association _____

Yes Are you a member of the National Association of Educational Office Professionals?
No

Yes Do you hold a PSP Certificate? Yes Have you received the distinction of CPS?
No Highest Level: _____ No Date Received: _____
Date Received: _____

Yes Have you attained the Distinction of CEOE? Date Received: _____
No

Yes Are you a member of the Missouri State Teachers Association (MSTA)?
No

PLEASE SEND THIS COMPLETED APPLICATION WITH A CHECK OR MONEY ORDER (DO NOT SEND CASH) MADE PAYABLE TO MAEOP IN THE AMOUNT OF \$15.00 TO:

Janet Little
Springfield R-XII School
2000 N. Lyons
Springfield, MO 65803

This membership will allow the member rate registration for both the 2010 Spring Workshop and 2010 Fall Convention.