

**MISSOURI ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS
Application for Affiliation – 2009-2010**

Annual Affiliation Dues: **\$10.00**

Make Check Payable to: **Missouri Association of Educational Office Professionals
(or MAEOP)**

MAIL TO: **Becky O'Riley
400 GW Lane
Waynesville, MO 65583**

If you have any questions,
please contact Becky at 573-774-6584
or beckyoriley@waynesville.k12.mo.us

Name of Association _____

President _____

Office Address _____ Zip Code _____

Home Address _____ Zip Code _____

Telephone (Home) _____ Telephone (Office) _____

Fax Number (Office) _____ E-Mail Address _____

President-Elect _____

Mailing Address _____ Zip Code _____

Telephone (Home) _____ Telephone (Office) _____

Vice-President _____

Mailing Address _____ Zip Code _____

Telephone (Home) _____ Telephone (Office) _____

Secretary _____

Mailing Address _____ Zip Code _____

Telephone (Home) _____ Telephone (Office) _____

Treasurer _____

Mailing Address _____ Zip Code _____

Telephone (Home) _____ Telephone (Office) _____

Reporter _____

Mailing Address _____ Zip Code _____

Telephone (Home) _____ Telephone (Office) _____

Local MAEOP Membership Chairperson _____

Mailing Address _____ Zip Code _____

Telephone (Home) _____ Telephone (Office) _____

Number of Local Members _____ **Number of NAEOP Members** _____
Number of MAEOP Members _____ **Affiliated with NAEOP?** _____

Completed by _____

Office Held _____

**PLEASE RETURN THIS FORM WITH
CHECK MADE PAYABLE TO MAEOP!**

President's Term Expires: Month _____ Year _____

THANK YOU!

One Year Term _____ Two Year Term _____

DATE _____ **SIGNED** _____