



2017-2018 MAEOP MEMBERSHIP APPLICATION

Missouri Association of Educational Office Professionals

Membership Year July 1, 2017 to June 30, 2018

___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 Show-Me Newsletter and all announcements to:

School Address Home Address Work Email Home Email

Have you been a member of MAES/MAEOP at any time previous to this year? _____

What year(s) _____ Under another name? _____

Are you a Past President? _____ What year? _____

Are you a member of a local Association of Educational Office Professionals? _____

Name of local association _____

Are you a member of the National Association of Educational Office Professionals? _____

Do you hold a PSP Certificate? _____

Have you received the distinction of CPS? _____

Highest Level: _____

Date Received: _____

Date Received: _____

Have you attained the Distinction of CEOE? _____ Date Received: _____

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:

Sue Roesch
3120 Lamay Ferry Road
St. Louis, MO 63125

This membership will allow the member rate registration for both the 2017 Fall Convention and 2018 Spring Workshop.