

MISSOURI ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS
Application for Affiliation

Annual Affiliation Dues: **\$10.00**

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

MAIL TO: **Marie Freeman**
200 Fleetwood Dr.
Waynesville, MO 64701

If you have any questions,
please contact Marie at 573-842-2199
or MFreeman@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** _____