

**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: **JoAnn Greenwell**  
**11097 St. Charles Rock Rd**  
**St. Ann, MO 63074**

If you have any questions,  
please contact JoAnn at 314-213-8007 or  
[jgreenwell@psdr3.org](mailto:jgreenwell@psdr3.org)

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**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** \_\_\_\_\_