2025-2026 MAEOP MEMBERSHIP APPLICATION



Missouri Association of Educational Office Professionals

Membership Year July 1, 2025 to June 30, 2026 ____New Member____Renewal___Retiree Annual Membership Dues: \$20

(Last)	(First)	(MI)	(Maiden Name)
School District		JobTitle	
(Office Address)	(City & County)	(State)	(Zip+4)
(Office Phone)	(Office Fax)	(Office Email	Address)
(Home Address)	(City & Cou	nty) (State)	(Zip+4)
(Home Phone)	(Home Fax)	(Home Email	Address)
Birthday (Month/Day Please send the Show-M	y) Ie newsletter and all ann	ouncements to:	Work Email Home Email
What year(s):	Under another name:		
Are you a Past President?		What year(s):	· · · · · · · · · · · · · · · · · · ·
Are you a member of a lo	cal Association of Educati	onal Office Professionals?	?
Name of local association	:		
			onals?
Do you hold a PSP? Certificate / Highest Leve Date Received:	1:	Have you received the distinction of CPS? Date Received:	
Have you received the Dis	stinction of CEOE?		
LEASE SEND THIS COM AYABLE TO MAEOP AS no Fall Conf. the deadl	S NOTED BELOW. Late		MONEY ORDER MADE ter the Fall Conf. <u>OR</u> if there
Tory Linville Dallas Co. R-1		Can also pay via PayPal (\$2 processing fee) online at https://maeon.net	

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