

**NATIONAL ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS  
APPLICATION FOR AFFILIATION**

1. Please type all information.
2. **Affiliation year is August 1 to July 31.** Affiliation is \$35 plus 10 cents per member for each local member of the preceding year. New associations will pay \$35 plus 10 cents per charter member.
3. Associations with local membership of **10 or less** are required to have **one** person as an NAEOP member to affiliate.  
Associations with local membership of **20 or less** are required to have an elected officer & **one additional** person as NAEOP members to affiliate.  
Associations with local membership between **20 and 50** are required to have an elected officer & **two additional** NAEOP members to affiliate.  
Associations with local membership **over 50** are required to have an elected officer & **three additional** NAEOP members to affiliate.
4. Affiliation will not be approved until all requirements are met. No refunds will be made after affiliation is accepted.
5. NAEOP does not endorse state/local association's fundraising activities.
6. Application must be postmarked by **January 31**.

Name of Association \_\_\_\_\_ Total Association Members \_\_\_\_\_

Association Website address \_\_\_\_\_

Affiliation is  New  Renewal      Type of association (  ) State  Local      Area Affiliation year 20\_\_\_\_\_/20\_\_\_\_\_

If officers change during the year and information should be sent to a new president, on what date should this change be made? \_\_\_\_\_  
(NOTE: Information will be sent to the name listed as President &/or President-Elect unless notification is received in National Office.)

President \_\_\_\_\_ Term of Office \_\_\_\_\_ - \_\_\_\_\_ NAEOP Member # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

President Elect \_\_\_\_\_ Term of Office \_\_\_\_\_ - \_\_\_\_\_ NAEOP Member # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Other NAEOP members in the association (to meet affiliation requirements in #3 above):

NAEOP Member #	Name (include state or local office held)	Address (include city, state and ZIP)
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALL FEES MUST BE PAID IN U.S. DOLLARS

Send this form and affiliation fee to: (If new affiliate, attach copy of Bylaws)

Association Fee                      \$35.00    
 Association Members x 10 cents = \_\_\_\_\_  
 Total Amount Enclosed        \_\_\_\_\_

NAEOP  
 1999 N Amidon, Suite 325  
 Wichita, KS 67203

Fax: 316-942-7100  
 Web: www.naeop.org

**PSP Chairman** (Must be current NAEOP member and hold valid PSP Certificate.)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_ Email \_\_\_\_\_

We affirm the above information is correct to the best of our knowledge.

Signature of President \_\_\_\_\_ Date \_\_\_\_\_ Signature of Treasurer \_\_\_\_\_ Date \_\_\_\_\_

NATIONAL OFFICE: Date Received \_\_\_\_\_ Date Approved \_\_\_\_\_ Director \_\_\_\_\_