

2019-2020 MAEOP MEMBERSHIP APPLICATION

Missouri Association of Educational Office Professionals

Membership Year July 1, 2019 to June 30, 2020

___ 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)

Birth day _____
(Month/Day)

Please send the Show-Me newsletter and all announcements to: _____ Work Email _____ Home Email _____

Have you been a member of 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? Highest Level: _____

Date Received: _____

Have you received the distinction of CPS? _____

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
Mehlville School District
3120 Lemay Ferry Road
St. Louis, MO 63125

This membership will allow the member rate registration for both the 2019 Fall Convention and 2020 Spring Workshop