

**MISSOURI ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS**  
**Application for Affiliation – 2024-2025**

Annual Affiliation Dues: **\$10.00**

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

MAIL TO: **Lisa Shelton**  
**Excelsior Springs School Dist. #40**  
**300 W. Broadway**  
**Excelsior Springs, MO 64024**

If you have any questions,  
Please contact Lisa at  
816-630-9200 x 1115 or  
lshelton@ga.essd40.com

**Name of Association** \_\_\_\_\_

**President** \_\_\_\_\_

Office Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Telephone (Office) \_\_\_\_\_

Fax Number (Office) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**President-Elect** \_\_\_\_\_

Office Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Telephone (Office) \_\_\_\_\_

Fax Number (Office) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**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) \_\_\_\_\_

**Local MAEOP Membership Chairperson** \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Telephone (Office) \_\_\_\_\_

**Number of Local Members** \_\_\_\_\_ **Number of MAEOP Members** \_\_\_\_\_

**Number of NAEOP Members** \_\_\_\_\_ **Affiliated with NAEOP** \_\_\_\_\_

Completed by \_\_\_\_\_ Office Held \_\_\_\_\_

**President's Term Expires:** Month \_\_\_\_\_ Year \_\_\_\_\_ One Year Term \_\_\_ Two Year Term \_\_\_

**PLEASE RETURN THIS FORM WITH CHECK MADE PAYABLE TO MAEOP**

**DATE** \_\_\_\_\_

**SIGNED** \_\_\_\_\_