2024-2025 MAEOP MEMBERSHIP APPLICATION



Missouri Association of Educational Office Professionals

Membership Year July 1, 2024 to June 30, 2025 ___New Member___Renewal__Retiree Annual Membership Dues: \$20

Name(Last)	(First)	(MI)	(Maiden	Name)
School District		JobTitle		
(Office Address)	(City & County)	(Sta	ate)	(Zip+4)
(Office Phone)	(Office Fax)	(Office Fax) (Office Emai		
(Home Address)	(City & County) (Sta		nte)	(Zip+4)
(Home Phone)	(Home Fax)	(Home En	nail Address)	
Birthday (Month/Day) Please send the Show-Me ne	wsletter and all an		Work Email	
Have you been a member of M What year(s):		Under another name		
Are you a Past President?		What year(s):		
Are you a member of a local A	Association of Educat	ional Office Profession	als?	
Name of local association:				
Are you a member of the Natio	onal Association of E	ducational Office Profe	essionals?	
Do you hold a PSP? Certificate / Highest Level: Date Received:		Have you received the Date Received:	ne distinction of CP	S?
Have you received the Distinction of CEOE?		Date Received:		
EASE SEND THIS COMPLE YABLE TO MAEOP AS NO	OTED BELOW.	WITH A CHECK OR		

Late charge of \$5 if paid after the Fall Conf. OR if there is no Fall Conf. the deadline is October 31st.

Lisa Shelton Excelsior Springs School District #40 300 W. Broadway Excelsior Springs, MO 64024

Can also pay via PayPal (\$2 processing fee) online at https://maeop.net