

# 2018-2019 MAEOP MEMBERSHIP APPLICATION

Missouri Association of Educational Office Professionals

Membership Year July 1, 2018 to June 30, 2019

\_\_\_ 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)

Please send The Show-Me Newsletter and all announcements to:

School Address Home Address Work Email Home Email

Have you been a member of MAES/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? \_\_\_\_\_

Have you received the distinction of CPS? \_\_\_\_\_

Highest Level: \_\_\_\_\_

Date Received: \_\_\_\_\_

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 63129

This membership will allow the member rate registration for both the 2018 Fall Convention and 2019 Spring Workshop.