

WASHINGTON ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS



Application for Affiliation

1. Please type all information entered.
2. The WAEOP Affiliation year is September 1 to August 31. The Affiliation fee is \$15.00 plus 10 cents per local member, computed on the previous year's total membership.
3. The President and TWO additional members of the local association must be members of WAEOP to affiliate.
4. Applications not fitting the above criteria will be returned for completion.

Complete Name of the Association: _____
This affiliation is (check one): New _____ Renewal _____ Are you affiliated with NAEOP? Yes No
Type of Association (check one) Local _____ County _____ College _____ Other _____
Membership Count: Current Year _____ Previous Year _____
Number of WAEOP Members _____ Number of NAEOP Members _____
School Districts Represented _____

Current President: _____ WAEOP Member? Yes No

Term of Office: _____ to _____

Office:
Street Address: _____
City: _____ WA
Zip _____
Phone _____
Fax _____
Email Address _____

Home:
Street Address _____
City: _____ WA
Zip _____
Phone _____
Fax _____
Email Address _____

Current Co-President: _____ WAEOP Member? Yes No

Term of Office: _____ to _____

Office:
Street Address: _____
City: _____ WA
Zip _____
Phone _____
Fax _____
Email Address _____

Home:
Street Address _____
City: _____ WA
Zip _____
Phone _____
Fax _____
Email Address _____

Person succeeding the current President in office:

_____ WAEOP Member? Yes No

Term of Office: _____ to _____

Office:

Street Address: _____
City: _____ WA
Zip _____
Phone _____
Fax _____
Email Address _____

Home:

Street Address _____
City: _____ WA
Zip _____
Phone _____
Fax _____
Email Address _____

Treasurer:

_____ WAEOP Member? Yes No

Term of Office: _____ to _____

Office:

Street Address: _____
City: _____ WA
Zip: _____
Phone _____
Fax _____
Email Address _____

Home:

Street Address _____
City: _____ WA
Zip _____
Phone _____
Fax _____
Email Address _____

Name/Address of two members of association, other than President or Treasurer, to meet affiliation requirements.

Name	Address
1. _____	_____
2. _____	_____

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

Signature of President _____
Date

Signature of Treasurer _____
Date

MAKE CHECK PAYABLE TO: WAEOP

Affiliation Fee:	\$15.00
Association Members X 10 cents	_____
Donation for Scholarship Fund	_____
Amount Enclosed	_____

Please return this form and payment to:

Sheri McGraw, CEOE
2011-2012 Affiliations Chairperson
7221 West 15th Avenue
Kennewick, WA 99338

ALL FEES MUST BE PAID IN U.S. CURRENCY