

**NATIONAL ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS
APPLICATION FOR AFFILIATION**

Please type all information. Application must be postmarked by September 15.

1. **NAEOP Affiliation year is August 1 to July 31.** Affiliation is \$35 plus 10 cents per member for each local member based on the 4th quarter membership of preceding fiscal year. New affiliations will pay \$35 plus 10 cents per charter member.
2. Associations with local, state or area membership of **10 or less** are required to have **one** person as an NAEOP member to affiliate.
3. Associations with local, state or area membership of **20 or less** are required to have an elected officer & **one additional** person as NAEOP members to affiliate.
4. Associations with local membership between **20 and 50** are required to have an elected officer & **two additional** NAEOP members to affiliate.
5. Associations with local, state or area membership **over 50** are required to have an elected officer & **three additional** NAEOP members to affiliate.
6. Affiliation will not be approved until all requirements are met. No refunds will be made after affiliation is accepted.
7. NAEOP does not endorse state/local association's fundraising activities.

Name of Association _____ Total Association Members _____

Association Website address _____

Affiliation is New Renewal Type of association () State Local Area Affiliation year 20_____/20____

If officers change during the year and information should be sent to a new president, on what date should this change be made? _____

(NOTE: Information will be sent to the name listed as President &/or President-Elect unless notification is received in National Office.)

President _____ Term of Office _____ - _____ NAEOP Member # _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Work Phone () _____ Home Phone () _____

President Elect _____ Term of Office _____ - _____ NAEOP Member # _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Work Phone () _____ Home Phone () _____

Other NAEOP members in the association (to meet affiliation requirements in #3 above):

NAEOP Member #	Name (include state or local office held)	Address (include city, state and ZIP)
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALL FEES MUST BE PAID IN U.S. DOLLARS

Send this form and affiliation fee to: **(If new affiliate, attach copy of Bylaws)**

Affiliation Fee **\$35.00** _____
 Affiliation Members x 10 cents = _____
 Total Amount Enclosed _____

NAEOP
 521 First Street
 PO Box 10
 Milford, NE 68405

Fax: 402-761-2224
 Web: www.naeop.org

PSP Chairman *(Must be current NAEOP member and hold valid PSP Certificate.)*

Name _____ Address _____

City _____ State _____ Zip+4 _____ Email _____

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

Signature of President _____ Date _____ Signature of Treasurer _____ Date _____

NATIONAL OFFICE: Date Received _____ Date Approved _____ Director _____