

# WASHINGTON ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS



## Application for Affiliation

1. Please type (or computer generate) responses.
2. The WAEOP Affiliation year is September 1 to August 31. The Affiliation fee is \$15 *plus* 10¢ per local member, computed on the previous year's total membership.
3. To affiliate, the President and *TWO additional* members of the local association must be members of WAEOP.
4. Applications not meeting the above criteria will be returned for completion.
5. Completed application and appropriate fee needs to **be postmarked no later than October 25** in order for the affiliate to be considered "in good standing" with respect to awards and scholarships for the 2017-18 term.

Please include payment with your Affiliation Application. Make your check or money order payable to WAEOP. All fees must be paid in U.S. currency.

---

---

Complete/Full 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/University  Other \_\_\_\_\_  
Membership count, current year: \_\_\_\_\_ Membership count, previous year: \_\_\_\_\_  
Number of WAEOP members: \_\_\_\_\_ Number of NAEOP members: \_\_\_\_\_  
School districts represented: \_\_\_\_\_

---

---

Current association president/co-president: \_\_\_\_\_  
WAEOP member?  Yes  No  
Term of office: \_\_\_\_\_ to \_\_\_\_\_

### Contact information

#### OFFICE

#### HOME

Address: \_\_\_\_\_  
City: \_\_\_\_\_ WA \_\_\_\_\_ WA  
Zip code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
FAX: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

---

---

*IF applicable*, current association co-president: \_\_\_\_\_  
WAEOP member?  Yes  No  
Term of office: \_\_\_\_\_ to \_\_\_\_\_

### Contact information

#### OFFICE

#### HOME

Address: \_\_\_\_\_  
City: \_\_\_\_\_ WA \_\_\_\_\_ WA  
Zip code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
FAX: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

Person succeeding the *current* president in office: \_\_\_\_\_

WAEOP member?  Yes  No

Term of office: \_\_\_\_\_ to \_\_\_\_\_

Contact information

OFFICE

HOME

Address: _____	_____
City: _____ WA	_____ WA
Zip code: _____	_____
Phone: (____) _____	(____) _____
FAX: (____) _____	(____) _____
E-mail: _____	_____

Current association treasurer: \_\_\_\_\_

WAEOP member?  Yes  No

Term of office: \_\_\_\_\_ to \_\_\_\_\_

Contact information

OFFICE

HOME

Address: _____	_____
City: _____ WA	_____ WA
Zip code: _____	_____
Phone: (____) _____	(____) _____
FAX: (____) _____	(____) _____
E-mail: _____	_____

Two members of the association, other than the 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.

_____	_____
<i>Signature of president/co-president</i>	Date

_____	_____
<i>Signature of president/co-president</i>	Date

Affiliation fee	\$15.00
Number of association members x .10	_____
Donation for scholarship fund	_____
TOTAL amount enclosed	_____

Your affiliation fee and any donations must be paid in *U.S. currency*. Make check (money order) payable to WAEOP and send with completed Affiliation Application to WAEOP's 2017-18 Affiliations Committee Chair:

Kim Nickerson  
4611 34th Ave W  
Seattle, WA 98199  
206-491-2244  
affiliations@waeop.com