

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 2016-17 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 2016-17 Affiliations Committee Chair:

Jaki Joyner
 Po Box 829
 Connell, WA 99326
 509-234-2918
 jjoyner@nfsd.org