

**ILLINOIS ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS
AFFILIATION APPLICATION
2011-2012**

NOTE: Please complete all pages of this form. All associations are urged to return this form whether or not they affiliate or are eligible to affiliate.

MAIL TO: Ruth Burgess
Vice President/Affiliations/Tech
PO Box 598
Ridge Farm, IL. 61870
Hm Ph 217-247-2720
Cell: 217-497-8646
E-mail: burgessruth@att.net

**NAME OF
ASSOCIATION:**

Type of Association County () Local () University () State Dept. () Other ()

Type of Affiliation New () Renewal ()

PRESIDENT

Name:

Term Expires:

Home Address:

Phone:

**School
Name:**

Phone:

Address:

Fax:

E-mail:

PRESIDENT ELECT (or VICE PRESIDENT)

Name:

Term Expires:

Home Address:

Phone:

**School
Name:**

Phone:

Address:

Fax:

E-mail:

SECRETARY

Name:

Term Expires:

Home Address:

Phone:

School
Name:

Phone:

Address:

Fax:

E-mail:

TREASURER

Name:

Term Expires:

Home
Address:

Phone:

School
Name:

Phone:

Address:

Fax:

E-mail:

AFFILIATE MEMBERSHIPS FROM PREVIOUS YEAR

Membership as of the end of 2010-2011: (Fiscal year is July 1 - June 30)
Local - IAEOP - NAEOP - # of members)

Number and types of meetings held each year (please enclose a list of meeting dates, times and locations.)

Fees: \$25.00 Affiliation fee enclosed \$

Signed _____ Date _____
Signature of President (not necessary if emailed)

Please send in your affiliation dues as soon as possible so you will start receiving all of the packets for scholarships, etc.

Note: Keep a copy of your forms for your records

