

**ILLINOIS ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS  
AFFILIATION APPLICATION  
2009-2010**

**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.

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**NAME OF  
ASSOCIATION :**

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

Type of Affiliation      New ( )    Renewal ( )

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**PRESIDENT**

**Name:**

**Term Expires:**

**Home Address:**

**Phone:**

**School  
Name:**

**Phone:**

**Address:**

**Fax:**

**E-mail:**

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**PRESIDENT ELECT (or VICE PRESIDENT)**

**Name:**

**Term Expires:**

**Home Address:**

**Phone:**

**School  
Name:**

**Phone:**

**Address:**

**Fax:**

**E-mail:**

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**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:

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**AFFILIATE MEMBERSHIPS FROM PREVIOUS YEAR**

Membership as of the end of 2008-2009: (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: \$10.00 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

