



Minnesota Association of Educational Office Professionals

<i>Check one:</i>	
NEW	\$35 _____
RENEWAL	\$35 _____
ASSOCIATE	\$35 _____
RETIRED	\$10 _____
RETIRED/LIFE	N/C _____
LIFE	N/C _____
HONORARY	N/C _____

Membership Form • November 1, 2019 – October 31, 2020

PERSONAL DATA

EMPLOYMENT DATA

Name (Last, First, MI)

School District Number/School Name

Home Address

Work Address

City State Zip Code

City State Zip Code

(Area Code) Telephone Birth date (M/D/YR) (for life insurance)

County (Area Code) School Telephone

Beneficiary (for life insurance)

Position or Title

Preferred E-Mail Address
(Newsletters and correspondence will be sent via email whenever possible.)

Check this box if you would like to receive ballots, newsletters and correspondence via regular mail.

STATE

Would you be willing to serve in an elective office or on a committee?
2019-2020 year Yes _____ No _____ 2020-2021 year Yes _____ No _____

Please list office/s or committee/s of interest: _____

For new members, how did you hear about MAEOP? _____

NATIONAL

Are you a member of the National Association of Educational Office Professionals? Yes _____ No _____
Do you hold a Professional Standards Certificate (PSP)? Yes _____ No _____

Would you like more information about: The National Association? Yes _____ No _____
Professional Standards Program? Yes _____ No _____
PSP Recertification? Yes _____ No _____

Please make check payable to MAEOP and mail with completed form to:

Kathy Zavoral
Faribault Public Schools
710 17th Street SW
Faribault, MN 55021

Any questions, contact Kathy Zavoral at (507) 333-6010 or e-mail to kzavoral@faribault.k12.mn.us

Please mail your renewal in now!