

Membership Application August 1 – July 31

First Name:	Last Name:							
Department:								
Office Phone:			Fax:					
E-mail Address:								
Home Address:								
City:		State:		Zip Cod	Zip Code:			
Home Telephone Number:			Birth Date (MM/	DD):				
Recruited By:								
ACTIVE MEMBERSHIP [Dues \$15.00]: New		Renewal	al RETIREE MEMBERSHIP [Dues \$10]: _ N			ew Renewal		
ASSOCIATE MEMBERSHIP [Dues \$10.00]:	New	Renewal	RETIRED LIFETIME MEM	BERSHIP [Dues	\$30]	New	Renewa	
		Late Fee: \$3 (After January)					
			able to: NSUAEOP					
			on & payment to:					
	Му		Membership Chair					
) Madison Hall '57-823-8891					
			terson@nsu.edu					
Are you a member of Virginia Associati			Professionals (VAEOP)		Yes		No	
Are you a member of the National Association of Educational Office Professionals (NAEOP)?					Yes		No	
					Yes		No	
Do you have your Professional Standards Program (PSP) Certification?					162		NO	
Do you possess the Certified Educational Office Employee (CEOE) Distinction?					Yes		No	
Are you enrolled in school?					Yes		No	
TODAY S DATE								