

**SOUTH CAROLINA ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS
APPLICATION FOR AFFILIATION**

Please **print or type** required information on the affiliation application.

1. **Affiliation year is May 1 to April 30.** Affiliation Dues are \$20.00 plus TEN cents (\$.10) per local association member. This amount is computed on your association's total membership, not just SCAEOP members. New affiliations will pay \$20.00 plus TEN cents (\$.10) per charter member. Renewal applications must be postmarked or emailed by September 15, in order for the affiliate to be eligible for awards and scholarships.
2. If the association has a written constitution and bylaws, please attach a copy with your application.
3. **The president and two (2) or more members must be current members of SCAEOP.** Please list two names under SCAEOP members.
4. Please read and follow instructions carefully. Affiliation will be approved when all requirements have been met. No refunds will be made after affiliation is accepted.

New Renewal Fiscal Year: **2022-2023** Last Year's Total Membership _____ (If new, enter current membership)

Name of Local Association: _____

Name of School District: _____

Address of School District: _____

Officers:

Name of President: _____

Address of President: _____

Email Address of President: _____

Name of President Elect: _____

Address of President Elect: _____

Email Address of President Elect: _____

SCAEOP Members: (This is in addition to the president to meet requirements)

Member _____ Email Address _____

Member _____ Email Address _____

SCAEOP Membership Contact Person:

Name _____ Email Address _____

Dues:

Affiliation Fee: \$ **20.00 Plus** \$.10 per member: _____ (Multiply 10 cents x last year's or current membership)

Total Affiliation Fee: \$

We affirm that the above information is accurate and complete to the best of our knowledge.

President Signature _____ Date _____

Treasurer Signature _____ Date _____

**Mail application along with your check made out to
SCAEOP C/O LaToya Felder, CEO
4611 Hardscrabble Rd
Suite 109, PMB-3
Columbia, SC 29229**

SCAEOP USE ONLY: Date Received: _____ **Check Number** _____ **Bylaws** _____