

Kentucky Association of Educational Opportunity Program Personnel

KAEOPP Membership Form

2010-2011 (October 1, 2010 to September 30, 2011)

(Please Print or Type)

First Name _____ Last Name _____

Title & TRIO Project (s) _____

Institution/Agency _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

Email _____

Are you a new member? _____ YES _____ NO Alumnus? _____ YES _____ NO

TRIO START DATE ____/____/____

(to help provide updated information for service awards please provide TRIO start date)

Membership Dues:

Type of Membership

Professional Member – 30.00 \$ _____

Associate Member – 30.00 \$ _____

(TRIO clerical professionals, students, & retired TRIO Professionals)

Affiliate Member – 30.00 \$ _____

(Out of state TRIO professionals or anyone not qualifying for professional or associate membership. Affiliate member must pay conference registration).

Total Enclosed \$ _____

Full payment must accompany this form. Please make checks payable to KAEOPP. Mail payment and form by October 1, 2010 to:

KAEOPP Treasurer
Tammy Blackburn
150 University Blvd., Box 1378
Morehead, KY 40351