

Kentucky Association of Educational Opportunity Program Personnel

KAEOPP MEMBERSHIP FORM

2009-2010 (October 1, 2009 to September 30, 2010)

(Please type or print clearly)

First Name _____ Last Name _____

Title & Trio Project(s) _____

Institution/Agency _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail Address _____

Are you a new member? _____ Yes _____ No

Are you a TRIO Alumnus? _____ Yes _____ No Program: _____

TRIO Start Date ____/____/____

Membership Dues:

Type of Membership

Professional Member - \$30.00.....\$ _____

Associate Member - \$30.00\$ _____

(Associate membership is limited to TRIO clerical professionals, students, & retired TRiO professionals)

Affiliate Member - \$30.00\$ _____

(Out of state TRiO professionals or anyone not qualifying for professional & associate membership. Affiliate members 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, 2009:

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

