

# Mid-Eastern Association of Educational Opportunity Program Personnel

Delaware ■ District of Columbia ■ Maryland ■ Pennsylvania ■ Virginia ■ West Virginia  
Institutional Program Membership Application

**\*THIS FORM MUST ACCOMPANY YOUR CHECK WHEN MAILED TO RECEIVE CREDIT**

**Membership Year: July 1, 2008 to June 30, 2009**

Please enclose the appropriate amount for your 2007-2008 MEAEOPP Membership: \$ \_\_\_\_\_ Date \_\_\_\_\_

Indicate (check box) that your 2008-2009 State \_\_\_\_ DE \_\_\_\_ MD \_\_\_\_ PA \_\_\_\_ VA \_\_\_\_ WV \_\_\_\_ District \_\_\_\_ DC **membership is paid.**

Membership (Please X): ( ) 1-4 Full-time Permanent Employees-**\$200** ( ) 5-9 Full-time Permanent Employees-**\$300** ( ) 10 or more Full-time Permanent Employees-**\$400**

Agency/Institution Name: \_\_\_\_\_

Project (Please X): ( ) EOC ( ) SSS ( ) Classic UB ( ) VUB **You MUST be a Member of**  
( ) Talent Search ( ) McNair ( ) UBMS ( ) Other: **your state/District Affiliation.**  
Project Director: Title: ( ) Dr. ( ) Ms. ( ) Mr. ( ) Mrs. Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Project Web Page Address: http://\_\_\_\_\_

*Please list all FT project staff members. Use reverse side for additional names. Thank you for your cooperation!*

	Name	Title	Email	Address	Phone #
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

**PLEASE NOTE:**

**Institutional Program Memberships must be paid for EACH TRiO Program at your institution, *not* collective programs!**

MEAEOPP Federal Tax ID # is: 31-0939782  
Please print the application and mail it with your payment, payable to MEAEOPP to:  
Marline Paramour  
Director, TRiO Student Support Services  
Community College of Philadelphia  
1700 Spring Garden Street  
W1-1I  
Philadelphia, PA 19130  
Office: 215-751-8497  
Fax: 215-751-8248  
E-mail: [mparamour@ccp.edu](mailto:mparamour@ccp.edu)

For official use only
Check # _____
Date Rec. _____
Date of Check _____
Amt. Rec. _____
Mailed Check _____

