

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, 2009 to June 30, 2010

Date _____

Please note that you must be a Member of your state/District Affiliation.

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

Agency/Institution Name: _____

Project: EOC SSS Classic UB VUB
 Talent Search McNair UBMS Other:
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	Years in TRIO	TRIO Alum?
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

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:

Terri H. Philpott
Director, Student Support Services
Concord University
P.O. Box 1000/D-124
1000 Vermillion Street
Athens, WV 24712
(304) 384-5282
tphilpott@concord.edu

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