



2023 – 2024 MECEO Membership Form (July 1 – June 30)

Please complete all items and enclose the appropriate fee. Mail this form to membership chair. MECEO Federal Tax ID #52-2114676

Project (check one): EOC SSS Classic UB Talent Search McNair UBMS Other: _____

Section I – Membership Type

- Individual Membership: (Please complete Section II and Line 1 only of section III below) Professional \$40 Associate Membership \$20
- Institutional Program Membership: Number of Members (Programs with more than 10 staff pay \$400) _____ x \$ _____ = _____ (Please complete Sections II and III below)

Section II – Program Information

Agency/Institution Name: _____ Phone: _____ Extension: _____ Fax Number: _____

Mailing Address: _____

Project Web Page Address: _____ Number of Students served: _____ Initial Year of Funding: _____

Amount of TRIO grant(s) (yearly) \$ _____ Based in Congressional District: _____ Congressional Districts Served: _____

Helpful website for Congressional District info: <http://www.govtrack.us/congress/findyourreps.xpd?state=MD>

Section III. Member Information

For individual memberships, please complete line 1 only. Otherwise, complete for all project staff members. Use page 2 for additional names.

	Name	Title	Email	Years in TRIO	TRIO Alum (Y/N)
1.					
2.					
3.					
4.					
5.					

Please mail this form and your payment (payment to MECEO) to:

Tyler Henry, MECEO President
Chesapeake College, TRIO Student Support Services,
PO Box 8, Wye Mills, MD 21679
410-827-3418

Mailed Check or Paypal receipt? _____

For payment via PayPal

1. Make payment via PayPal at www.meceo.org
2. **Submit PayPal receipt with membership form via mail or email!!!**

For Membership Committee Use Only

Check# _____
Date Received _____
Date of Check _____
Amt. Received _____

MECEO Membership Form – p2 (Additional Staff)

	Name	Title	Email	Years in TRIO	TRIO Alum (Y/N)
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					