

MEMBERSHIP APPLICATION**JOIN NOW!**Prefix: Mr. Ms. Mrs. Dr. Other

Name: _____ Email: _____

Title/Position: _____ School Name: _____

School Address: _____ City/State/Zip: _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Home Address: _____ City/State/Zip: _____

Send mail to: Home School *(Always sent to school for institutional members)*NASSP occasionally make its members' mailing addresses (but never their phone, fax, or email) available to third parties that provide related products and services. If you do not want to receive this mail, check this box. **MEMBERSHIP TYPE/DUES**

- Individual** Principals, assistant principals, and other school administrators. Nontransferable. **\$350** _____
- Institutional** Principals, assistant principals, or other school administrators engaged in the practice of supervision of Middle or high school administration. Owned by the school and transferrable. **\$350** _____
- Associate** Superintendents, district personnel, department heads, teachers, graduate students, professors and aspiring leaders. **\$135** _____
- Retired** Previous active members who have retired and no longer hold an administrative position and must be purchased upon time of retirement. **\$75** _____

PAYMENT OPTIONS**BY CREDIT CARD**

For **FASTER** service,
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Make payable to NASSP
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payment in U.S. funds drawn
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NASSP
P.O. Box 417939
Boston, MA 02241-7939

MEMBERSHIP DUES ARE NONREFUNDABLE