

# IASP

Indiana Association of  
School Principals

# Membership Form

**2020-2021 Membership Year**  
**Expires September 30, 2021**

# NAESP

National Association of  
Elementary School Principals

# NASSP

National Association of  
Secondary School Principals

## 1 Please make any necessary corrections

Name:

Position:

Nick name:

NAESP #:

School:

NASSP #:

Address:

School Telephone:

Ext.

Direct #

FAX:

Type of School

Grades:

Enrollment:

School #

IASP District:

County:

Corp:

Corp. #

Home Address:

City

State

Zip

Home Telephone:

E-mail:

## 2 Circle the dollar amount of each of your membership choice(s):

Classification

**IASP**

**NAESP**

**NASSP**

Please circle your position

Individual

\$294.00

\$235.00

\$250.00

(Principal, Assistant Principal, Dean)

Institutional

\$294.00

\$280.00

\$250.00

(Principal, Assistant Principal, Dean)

An Institutional Membership is purchased in the name of the school, but is assigned to only one individual.

The individual named receives all the membership benefits.

First Time Member

149.00

235.00

215.00

Aspiring Member

75.00

80.00

85.00

(Teacher, Graduate Student)

Associate Member

75.00

135.00

85.00

(Professor, Central Office)

Retired Basic Service

60.00

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50.00

Retired - Lifetime

160.00

80.00

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Business/Corporate

195.00

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Assistant Principal - Active

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195.00

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## 3 Indicate the method of payment:

\_\_\_\_\_ Full Amount Enclosed. Amount enclosed \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

\_\_\_\_\_ Payroll Deduction. Verify that your Corporation allows payroll deduction.

File the IASP Payroll Deduction form with your Business Manager and send a copy to the IASP Office.

\_\_\_\_\_ Purchase Order enclosed. P.O. # \_\_\_\_\_

\_\_\_\_\_ MasterCard/VISA Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_ Billing address of credit card ( Required for Credit Card Verification)  
Street \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Automatic Debit - ACH Deposits (Complete the Authorization Agreement form and return to IASP).

## 4 First time administrator recommended by \_\_\_\_\_

Mail, fax or e-mail to: IASP 11025 East 25th Street Indianapolis, IN 46229 800-285-2188 FAX 317-454-0749

**Please keep a copy for your records. Receipt available upon request at [thoke@iasp.org](mailto:thoke@iasp.org)**