

IASP

Indiana Association of
School Principals

Membership Form

2019-2020 Membership Year
Expires September 30, 2020

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

50.00

Retired - Lifetime

160.00

80.00

Business/Corporate

195.00

Assistant Principal - Active

195.00

IAPSS

Aspiring Superintendent Membership

250.00

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