



WAEMSP/NAESP



2016 – 2017 MEMBERSHIP ENROLLMENT FORM

PLEASE TYPE OR PRINT: NEW MEMBER RENEWAL

Name: _____

Position: _____ Date of Birth: _____

School: _____ Grade Configuration: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ School Fax: _____

Your School E-Mail Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Preferred Address: Home School Referred by (if new member): _____

MEMBERSHIP CATEGORIES:

ACTIVE – available to all practicing principals, assistant principals, and others employed in professional work related to elementary and middle school principalship.

INSTITUTIONAL ACTIVE - includes an Active membership and a duplicate set of member publications for the institution.

ASSOCIATE- Superintendents, supervisors, consultants, or college instructors who work in the field of elementary education are eligible but DOES NOT INCLUDE LEGAL BENEFITS.

ASPIRING PRINCIPAL – available to teachers, graduate students, counselors, and others pursuing a career as an elementary or middle school school principal or assistant principal. Does not include legal benefits.

EMERITUS - available to all retired NAESP members, includes NAESP programs and services (including Legal Benefits Program) and membership in AARP/NRTA.

RETIRED – available to all retired NAESP members, or current Emeritus members, includes some benefits. Includes membership in AARP/NRTA. Does not include legal benefits.

TYPES OF MEMBERSHIP

<input type="checkbox"/>	ACTIVE	\$450
<input type="checkbox"/>	INSTITUTIONAL ACTIVE	\$475
<input type="checkbox"/>	ASSOCIATE	\$165
<input type="checkbox"/>	ASPIRING PRINCIPAL	\$ 95
<input type="checkbox"/>	EMERITUS	\$128
<input type="checkbox"/>	RETIRED	\$ 85

METHOD OF PAYMENT

Make Checks Payable to WAEMSP

Check Enclosed Payroll Deduction

Master Card Visa Am Exp.

Purchase Order Attached

Card Number: _____

Expiration Date: _____

Signature: _____

Name on Card: _____

Send Membership Form to: Kenny Jones, 1007 Avenue K, Powell, WY 82435 PHONE: 307-202-0977 FAX: 307-764-2314 E-MAIL: kljones@pcsd1.org