



# American Association of School Personnel Administrators

## 2009-2010 Half Price Membership Application

ID # (for renewals only): \_\_\_\_\_ Prefix:  Dr.  Mr.  Mrs.  Ms. Suffix: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

Referred by/who introduced you to AASPA? (optional): \_\_\_\_\_

### Membership Types

**Active (Individual)**.....\$175 **\$87.50**  
*(Regular membership category for individuals and school personnel administrators with full benefits, office holding and voting rights.)*

**Associate**.....\$100 **\$50**  
*(Membership for individuals actively working at an educational institution, such as support personnel or enrolled in a graduate course of study in educational administration or human resource management. No office holding or voting rights.)*

**Institutional**.....\$350 **\$175**  
*(Provides one primary and three associates membership for one low cost. Office holding and voting rights are the same as above.)*

**Institutional Associate Extra**.....\$75 **\$37.50**  
*(Allows you to add additional Institutional Associates to your institutional membership. No office holding or voting rights.)*

**Business**.....\$175 **\$87.50**  
*(Membership for businesses related to the school personnel industry. No office holding or voting rights.)*

**Retired**.....\$55 **\$27.50**  
*(Any individual is eligible for Retired membership provided he or she has had one year of membership in the association. Retired members shall be entitled to participate in all activities of the association. No office holding or voting rights.)*

\*Please note: AASPA memberships are transferable, but not refundable.

### Payment (in U.S. dollars):

Check (payable to AASPA)

Credit Card:        

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Security Code #: \_\_\_\_\_

Signature: \_\_\_\_\_

Purchase Order Number \_\_\_\_\_

Remit to: American Association of School Personnel Administrators  
11863 W. 112<sup>th</sup> Street, Suite 100, Overland Park, KS 66210  
Fax: (913) 327-1222