

AWSP MEMBERSHIP FORM

Enrollment for September 1, 2024 - August 31, 2025

Name:	Informal Name:		Demographics (Optional)
Position:	School:		Gender identification:
District:			Female Male Non-binary Pronouns:
Work email:			Date of birth:
Personal Email: Send email to: Work Home			Ethnicity: American Indian/Alaskan Native
Work phone:	Cell:		☐ Asian ☐ Black/African American
Home Address:			Hispanic/Latino of any race(s)
Send mail to: Work Home			 □ Native Hawaiian/Pacific Islander □ White □ Two or more races
AWSP Dues (If you are uncertain of your membership category, please contact AWSP.)			
Membership INCLUDES ONE na either NASSP or NAESP plus leg.	ational membership with	Associate Member\$150 Add optional unified membership dues: NAESP Associate:\$135 NASSP Associate:\$85	
■ NAESP (Elementary) ■ Lifetime Member	■ NASSP (Secondary) \$150	Add <i>optional</i> unified me NAESP Aspiring:	ber (1 year)Complimentary embership dues (annual):\$80\$85
☐ Fully Retired ☐ Retired + Admin Sub	Retired + Mentor	☐ Advocate Me	mber\$385
Add unified membership dues (a NAESP Emeritus: NASSP Retired:	\$80	membership of your ch	protection for 5-7 years after you leave the principalship. odified membership
Total Membership Dues	s: \$		
Bill my school district office. Purchase order #:			
My personal check is enclosed for the total membership dues amount above. (Make checks payable to AWSP.)			
Charge my credit card (Disco	ver, AMEX, Visa, or MC):		Exp. Date:
Name on card:		CVV#:	_ ZIP Code:
Signature:		Date:	