



AWSP MEMBERSHIP FORM

Enrollment for September 1, 2025 - August 31, 2026

Name: _____ Informal Name: _____

Position: _____ School: _____

District: _____

Work email: _____

Personal Email: _____ Send email to: ☐ Work ☐ Home

Work phone: _____ Cell: _____

Home Address: _____

Send mail to: ☐ Work ☐ Home

Demographics (Optional)

Gender identification:

☐ Female ☐ Male ☐ Non-binary

Pronouns: _____

Date of birth: _____

Ethnicity:

☐ American Indian/Alaskan Native

☐ Asian

☐ Black/African American

☐ Hispanic/Latino of any race(s)

☐ Native Hawaiian/Pacific Islander

☐ White

☐ Two or more races

AWSP Dues *(If you are uncertain of your membership category, please contact AWSP.)*

☐ Active Member\$952

Membership **INCLUDES ONE** national membership with either NASSP or NAESP plus legal benefits.

☐ NAESP (Elementary) **-OR-** ☐ NASSP (Secondary)

☐ Lifetime Member\$165

☐ Fully Retired ☐ Retired + Mentor

☐ Retired + Admin Sub

Add unified membership dues (annual):

☐ NAESP Emeritus:\$99

☐ NASSP Retired:\$50

☐ Associate Member\$165

Add *optional* unified membership dues:

☐ NAESP Associate:\$159

☐ NASSP Associate:\$85

☐ Aspiring Member (1 year) Complimentary

Add *optional* unified membership dues (annual):

☐ NAESP Aspiring:\$99

☐ NASSP Associate:\$85

☐ Advocate Member\$400

Membership **INCLUDES** modified legal benefits with one national membership of your choice. (Choose below.)

Remember, you may need legal protection for 5-7 years after you leave the principalship.

☐ NAESP Emeritus modified membership

☐ NASSP Retired modified membership

Total Membership Dues: \$ _____

☐ 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 (Discover, AMEX, Visa, or MC): _____ Exp. Date: _____

Name on card: _____ CVV#: _____ ZIP Code: _____

Signature: _____ Date: _____