



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)

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

Lifetime Member\$165

Fully Retired Retired + Mentor

Retired + Admin Sub

Add unified membership dues (annual):

NAESP Emeritus:\$99

NASSP Retired:\$50

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: _____