



AWSP MEMBERSHIP FORM

Enrollment for September 1, 2026 - August 31, 2027

Name: _____ Name for Name Badge: _____

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\$970

AWSP membership **INCLUDES** national membership with the PK-12+ National Principals Association (NPA). This national membership provides your legal and liability coverage as an active principal or assistant principal.

Associate Member\$183

Add *optional* membership with the National Principals Association (NPA). This national membership type does NOT include legal and liability coverage: \$85

Aspiring Member (1 year) Complimentary

Add *optional* membership with the National Principals Association (NPA). This national membership type does NOT include legal and liability coverage: \$85

Lifetime Member\$183

Fully Retired Retired + Mentor Retired + Admin Sub

Add *optional* retired membership with the National Principals Association (NPA): \$50

This option covers the previously earned years of legal coverage for uninterrupted membership. Must transfer to the retired category while still an Active Member to continue legal coverage.

Advocate Member\$418

Membership **INCLUDES** modified legal benefits with the National Principals Association (NPA).

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

Total Membership Dues: \$ _____

Please note: A 3% credit card fee will be added to credit card transactions.

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: _____