



## PASPA INVOICE

**Membership Year July 1, 2017 – June 30, 2018**

Dr.  Mr.  Mrs.  Ms. First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell \_\_\_\_\_

Please Circle Years of Experience: 0-3 years    4-7 years    8-10 years    10 years plus

Category	Description <i>Memberships are transferrable, but not refundable.</i>	Amount	Total
<b>Active</b>	Regular membership category for individuals and school personnel administrators, with full benefits, office holding and voting rights.	\$225	
<b>Institutional</b>	Provides three memberships, one Primary and two Associate memberships. The Primary Member, <b>listed at the top of the form</b> , is the voting member and eligible for holding office. Associate Members, individuals other than administrative positions such as support personnel, do not have office holding or voting rights <b>List two Associate Members on the back of this form.</b>  Additional Associates, separate from the two included above, can be added to your Institutional Membership @ \$50 each. <b>List additional Associates on the back of this form.</b>	\$295  \$50	
<b>Business "Friend of PASPA"</b>	For businesses related to the school personnel profession. Membership includes a reduced Annual Conference Registration Fee. No office holding or voting rights. Includes a website advertisement and a half-page ad in the Annual Conference Program. Full-page ad is available for \$250. Send graphics (jpg or pdf) directly to: <a href="mailto:director@paspa.org">director@paspa.org</a>	\$395	
<b>Retired</b>	Retired individuals are eligible, provided they have at least one year of PASPA membership prior to retirement. Retired members may participate in all association activities. No office holding or voting rights.	\$20	
<b>"Early Bird" Conference Registration</b>	Register now for the 2018 Annual Conference (February 28 through March2). List registrants names on the back of this form where indicated. <b>A full registration form must also be completed and returned to the PASPA office to complete your registration. Indicate "Payment Included" with membership renewal on your completed form.</b>	Before 10/1/17 \$495 After 10/1/17 \$545	

<b>Remit to:</b> Pennsylvania Association of School Personnel Administrators 1000 West Valley Rd. P.O. Box 485, Southeastern, PA 19399	<input type="checkbox"/> <b>Check Enclosed: Payable to PASPA</b>  <input type="checkbox"/> <b>Payment to follow</b>	<b>Balance Due</b>	
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**Associate Membership(s)**  
*Add Additional Pages as Necessary*

**First name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**2018 Annual Conference Registrations**

Complete a full registration form and forward to the PASPA Office

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

*Add Additional Pages as Necessary*

**Email:** [director@paspa.org](mailto:director@paspa.org) **Office:** 610-688-6100 **Fax:** 610-688-6101