

Pennsylvania Association of School Personnel Administrators

P A S P A Membership Invoice

Membership Year July 1, 2018 – June 30, 2019

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
Active	Regular membership category for individuals and school personnel administrators, with full benefits, office holding and voting rights.	\$225	
Institutional	Provides three memberships, one Primary and two Associate memberships. The Primary Member, listed at the top of the form , 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 List two Associate Members on the back of this form.	\$295	
	Additional Associates, separate from the two included above, can be added to your Institutional Membership @ \$50 each. List additional Associates on the back of this form.	\$50	
Business "Friend of PASPA"	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: director@paspa.org	\$395	
Retired	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	
"Early Bird" Conference Registration (members only)	Register now for the 2019 Annual Conference (February 27 through March 1). List registrants' names on the back of this form where indicated. 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.	Before 10/1/18 \$495 After 10/1/18 \$545	
Remit to: Pennsylvania Association of School Personnel Administrators 1000 West Valley Rd. P.O. Box 485, Southeastern, PA 19399		<input type="checkbox"/> Check Enclosed: Payable to PASPA <input type="checkbox"/> Payment to follow (PO number)	Balance Due

List Associate Membership(s) on back
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:** _____

2019 Annual Conference Registrations

Complete a full registration form for each registrant and forward to the PASPA Office

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Add Additional Pages as Necessary

Email: director@paspa.org Office: 610-688-6100 Fax: 610-688-6101